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ABSTRACT

The primary thrust of this research project was to explore the history of federal government drug control enactments and organizations in the United States. The purpose of this exploration was to assess how the federal government's past drug control record shapes the future of public school drug prevention programs. Drug enforcement, prevention, and intervention attempts made by the government work on changing the behavior of the target population. Illicit drug prevalence rates, however, indicate that the target population has not changed its behavior in the manner that the federal government has prescribed. In fact, the government has a history of failing to implement public policy in a manner that achieves stated objectives. This could be because the federal government has not: (1) efficiently or effectively allocated resources; (2) accurately identified, addressed, or measured the validity of the reasons for the problem in public policy; (3) understood target group behavior, particularly from the target group's perspective; (4) gained the cooperation of states and other policy actors in implementing public policy by allowing them greater control and input. Approximately 65 percent of the document consists of 34 tables which outline government drug-related terminology; the effects of drugs; drug-use trends; a history of government's drug-control efforts, ranging from 1620 to 1989; and other information. Contains 41 references. (RJM)

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Government Preference For Drug Enforcement Over School Drug Prevention Programs: A Historical Exploration

1996 American Educational Research Association Annual Meeting
New York, April, 1996

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Government Preference For Drug Enforcement Over School Drug Prevention Programs: A Historical Exploration

1996 American Educational Research Association Annual Meeting
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ABSTRACT

The primary thrust of this research project was explore the history of federal government drug control enactments and organizations. The purpose of this exploration was to assess how the federal government's past drug control record shapes the future of public school drug prevention programs.

According to the federal government, people who are involved with illegal drugs wreak havoc on society, the economy, and the political structure. To counter such havoc, the federal government historically and predominantly has relied on drug enforcement over prevention and intervention to persuade people in the U.S. to avoid involvement with illegal drugs. Despite a history of at least 140 years of drug control enactments and organizations, involvement with illegal drugs has not abated to nearly the degree that the U.S. Government would like it to.

The federal government has emphasized drug enforcement as it has made unsuccessful attempts to smolder illegal drugs. This emphasis represents a conflict of interest for the federal government. The conflict of interest exists because drug enforcement forfeiture laws permit the federal government to keep drug-related assets that it seizes. If the federal government curtails the illegal drug industry in the U.S., it will have fewer assets to seize to perpetuate drug enforcement. Whereas drug enforcement affords the federal government a lucrative source of revenue, drug prevention and intervention do not.

The Drug-Free Schools and Communities Act (DFSCA) of 1986, an appendage of the Anti-Drug Abuse Act of 1986, and the *National Drug Control Policy (Strategy)* obligate public primary and secondary schools to implement drug enforcement, prevention and intervention programs. These programs attempt to discourage students from being involved with illegal drugs.

School drug enforcement programs inflict punitive consequences on students after they become involved with illegal drugs. Some of the punitive consequences are: warning, suspending, and expelling students; transferring students to alternative education programs; compelling students to provide community service; and releasing students to law enforcement agents so that they succumb to the penal system.

The punitive consequences associated with school drug enforcement stop short of asset forfeiture. Generally speaking, students do not have assets for the federal government to seize. Also, students do not have political, social, or economic clout to influence the federal government. Furthermore, the federal government cannot inflict punitive consequences on public schools because students are involved with illegal drugs. In essence, public school students depend on the federal government for a public education and other social benefits, but students do not make political, social, or economic contributions to the federal government. Thus, the federal government does not benefit from public schools inflicting punitive consequences on students who are involved with illegal drugs. Yet, schools must emphasize punitive consequences to comply with the DFSCA of 1986 and *Strategy*. Emphasizing punitive consequences has not consistently reduced illicit drug prevalence rates among students or other Americans.

Whereas school drug enforcement entails punitive consequences after students become involved with illegal drugs, school drug prevention and intervention programs are devoid of punitive consequences. Rather, school drug prevention and intervention programs nurture the physical, mental, and emotional health of students before and after students become involved with illegal drugs.

In the strictest sense, school drug enforcement, prevention, and intervention programs drain rather than replenish federal government revenue. As long as revenue is the dominant motive behind drug control enactments and organizations, particularly those that encompass public schools, drug prevention and intervention will remain in the shadow of drug enforcement. Moreover, the illicit drug prevalence rates among students and the general population in the U.S. will continue to be resistant to the emphasis that the federal government gives to drug enforcement.

Something much more compelling than drug enforcement in public schools and society is needed to inspire students and others to opt to become drug-free. Perhaps illegal drugs would lose their attraction if the federal government shifted its emphasis to a genuine concern for the reasons people become involved with illegal drugs, and heroically attempted to improve the physical, mental, and emotional health of American citizens. Were the illicit drug prevalence rates between

1973 and 1976 lower than they are now? That was a period when federal government expenditures for drug prevention exceeded expenditures for drug enforcement.

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INTRODUCTION

According to the U.S. Government, people who are involved with illegal drugs threaten democracy, the economy, and the health and safety of other citizens in American society (*National Drug Control Strategy*, 1992). Despite a history of at least 140 years of federal government drug control enactments and organizations, involvement with illegal drugs has not abated to nearly the degree that the U.S. Government would like it to. Drug control enactments encompass drug acts and laws. Drug control organizations include administrations, boards, bureaus, commissions, committees, conferences, conventions, divisions, institutes, offices, strategies, systems, task forces, and treaties. Although the exploration of the history of drug control enactments and organizations did not clarify the distinction between drug control organizations, they operate to achieve a common objective - to control illegal drugs in the U.S.

The Drug-Free Schools and Communities Act (DFSCA) of 1986, an appendage of the Anti-Drug Abuse Act of 1986, is the primary federal drug law that obligates public primary and secondary schools to implement drug enforcement, prevention, and intervention programs. These programs attempt to reduce student involvement with illegal drugs. The DFSCA of 1986 is the basis for the federal drug policy - the *National Drug Control Strategy (Strategy)*.

The *Strategy*, which the federal government first introduced in 1989, is distinguished from various other strategies that the federal government developed to curtail involvement with illegal drugs. These other strategies preceded the *Strategy* and are referred to with a lower case "s." The distinction is made because the *Strategy* is the most recent, comprehensive, annually updated, and national undertaking to coordinate federal and state government organizations, schools, communities, and families to eradicate illegal drugs.

The implication that drug control enactments and organizations, particularly the DFSCA of 1986 and the *Strategy*, have for the success of school drug prevention programs is paramount to achieving the National Education Goals 2000. Increasing the potential that students have for learning underlies the National Education Goals that the U.S. Department of Education established for the year 2000 (*Toward a Drug-Free Generation*, 1990, p. xii). The federal government

expanded the National Education Goals 2000 from six to eight (*Data Volume for the National Education Goals Report (Volume One: National Data)*, 1994, pp. 12-13). The eight goals are:

1. All children in America will start school ready to learn.

2. The high school graduation rate will increase to at least 90 percent.

3. All students will leave grades 4, 8, and 12 having demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography, and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning, and productive employment in our Nation's modern economy.

4. The Nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.

5. United States students will be first in the world in mathematics and science achievement.

6. Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

7. Every school in the United States will be free of drugs, violence, and the unauthorized presence of firearms and alcohol and will offer a disciplined environment conducive to learning.

8. Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

In the 22nd Annual Gallup Poll of the Public's Attitudes Toward the Public Schools in September, 1990, Americans designated the goal of having drug and violence-free schools as a very high priority (*Toward a Drug-Free Generation*, 1990). Before the federal government expanded the goals to eight, drug and violence-free schools was goal six.

> While Americans support all of the national education goals adopted by President Bush and the nations's [sic] governors in February 1990, more persons assigned a very high priority to the goal of having every school in America free of drugs and violence than to any of the other five goals. Americans also rated this goal as the least likely of the goals to be attained by the year 2000. (p. 23)

Moving from what serves as the background for the research project, the balance of this introductory section first discusses drug-related terminology that the federal government uses. Second, the section presents what the federal government has identified as the effects of using drugs. Third, the section identifies the problem; high illicit drug prevalence rates through 1992 in the U.S. population. These rates have been intermittently and partially responding drug control

enactments and organizations. Fourth, the section provides recent trends in youth being involved with illicit drugs. Fifth, the section strikes at the purpose and scope of the research project. Sixth, the section outlines the research questions.

Federal Government Drug-Related Terminology

Defining drug-related terminology is essential to understanding the illegal drug problem and how the drug control enactments and organizations attempt to resolve it. Drugs are "psychoactives - substances that if ingested change moods, thought, sensation, and behavior, other than providing nutrition" (Kleiman, 1991, p. 194; Zimring, 1992, p. 24). Drugs include alcohol and tobacco (Kleiman, 1991, p. 194; Zimring 1992, pp. 24-25) and caffeine (Zimring, 1992, pp. 24-25).

> Alcohol and tobacco remain important commodities in our economy, but they also are drugs that can have extremely bad effects. Together they cause more addiction, disease, and death than heroin, cocaine, and marijuana combined... .
>
> Yet unlike heroin, cocaine, and marijuana, alcohol and tobacco are legal. This somehow seems contradictory, given the admitted problems associated with alcohol and tobacco use, but they remain legal (although greater restrictions now are being placed on their use), probably because of their thoroughly ingrained acceptance as part of our society's culture. Although heroin, cocaine, marijuana, and other now-illegal substances were not unlawful at the beginning of this century, they were never an accepted part of American society (Grauer, 1988, preface).

Table 1 provides the federal government's definition of involvement with illicit drugs and the types of dependency associated with them. The term "illicit" is used interchangeable with "illegal." Drug control enactments and organizations attempt to prevent involvement with illegal drugs, psychological and physical dependence, and drug addiction through their focus on drug enforcement, prevention, and intervention. Drug enforcement entails punitive consequences for involvement with illegal drugs. Such consequences include mandatory sentences (incarceration), compulsory medical treatment and rehabilitation, and searches and seizure of assets associated with illegal drugs. Whereas drug enforcement occurs after involvement with illegal drugs commences, drug prevention attempts to circumvent such involvement.

Drug prevention is the crux of programs that reduce vulnerability and discourage people from ever becoming involved with illegal drugs. Programs such as awareness training, self-

control, social intolerance, and alternative opportunities educate people about the properties of drugs and the social, political, and medical consequences of being involved with illegal drugs (*The White House Conference for a Drug-Free America: Final Report*, 1988, p. 14). The programs also attempt to alter human behavior by providing people with positive "life skill" qualities such as physical, spiritual, social, and emotional well-being. Unlike drug prevention, but like drug enforcement, drug intervention is an after-the-fact endeavor.

Drug intervention and enforcement try to increase the probability that people will not be involved with illegal drugs in the future. Drug intervention, however, is different from drug enforcement because it advocates voluntary as well as compulsory medical treatment and rehabilitation. Also, drug intervention regards people as patients. By comparison, drug enforcement regards people who are involved with illegal drugs as criminals. This is in contrast to drug prevention which regards people who are involved with illegal drugs as potential victims.

Table 2 defines drug enforcement, prevention, and intervention as well as other federal government drug-related terminology. Table 2 does this by distinguishing between the two types of policies and five types of tactics that the federal government has advocated to control illegal drugs.

In Table 2, the distinction within federal strategies, such as that between "supply reduction" and "demand reduction" is arbitrary (Statement by William J. Bennett, Director, Office of National Drug Control Policy in the *National Drug Control Strategy*, 1991 (February), p. 2). "A drug strategy - if it is really a *strategy* - reflects the fact that effective policies to reduce demand and supply are inseparable" (Statement by William J. Bennett, Director, Office of National Drug Control Policy in the *National Drug Control Strategy*, 1990 (January), p. 2). Table 2 makes another arbitrary distinction between user accountability and zero tolerance.

Being aware of this and the other distinctions in terminology - however arbitrary - is necessary for understanding how the history of drug control enactments and organizations have evolved over the last century and a half. Whereas this section defined drugs and explained the intent behind drug enforcement, prevention, and intervention activities, the next section builds on

this information. It does this by identifying the various changes in bodily functions and in environmental circumstances that using certain drugs can induce.

Federal Government Perceptions of Drug-Related Effects

People who use drugs, depending on the degree of that use, and people in the environment of others who use drugs, could experience a multitude of emotional, physical, and psychological effects.

> Psychoactive drugs can cause profound changes in the chemistry of the brain and other vital organs, and although their legitimate use can relieve pain and cure disease, their abuse leads in a tragic number of cases to destruction (Introduction by Jack H. Mendelson & Nancy K. Mello, in Grauer, 1988).

Table 3 displays the desired and other short-term effects that drugs could have on an individual. Other physiological effects of using drugs are that:

> Drugs alter normal behavior. The use of illicit drugs affects moods and emotions; chemically alters the brain; and causes loss of control, paranoia, reduction of inhibition, and unprovoked anger. (*The White House Conference for a Drug-Free America: Final Report*, 1988 (June), pp. 1-2)

Furthermore, certain levels of drugs can lead to heart attack, stroke, and other alterations of bodily functions. These bodily alterations include:

> disruption of normal heart rhythm and small lesions in the heart, high blood pressure, leaks of blood vessels in the brain, bleeding and destruction of brain cells and permanent memory loss, infertility, and impotency, immune system impairment, kidney failure and pulmonary damage in the case of marijuana and free-based cocaine . . . (*The White House Conference for a Drug-Free America: Final Report*, 1988 (June), pp. 2-3)

Research identifies other physiological and emotional, physical, psychological, social, political, and economic circumstances associated with using drugs (*CommunityWORKS Summit*, 1991 (October), pp. 9, 26, 30; *National Drug Control Strategy*, 1991 (February), p. 1; *Hearing on Drug Abuse Prevention and Education Before the Committee on Education and Labor*, 1986 (August 6), pp. 5, 79, 81, 143; *The White House Conference for a Drug-Free America: Final Report*, 1988 (June), pp. 2-3). These additional circumstances associated with using drugs are:

- the spread of AIDS virus;
- treatment;
- mortality (suicide, homicide);

- reduced productivity;
- lost employment;
- transportation accidents;
- crime;
- incarceration;
- court overcrowding;
- social welfare programs;
- abused and abandoned children;
- the suffering of family and friends;
- destructive relationships with family members and others;
- reduced quality of life;
- consequences to the community;
- increased risk of cancer;
- physical, developmental, and behavioral problems in infants;
- homelessness;
- drug-related activity in housing developments;
- not achieving academic potential or dropping out of school;
- lack of self-worth;
- gang activity;
- using drugs that can be more detrimental to a person's health in the future;
- decayed minds;
- a drain on one's mind; and
- impaired relationships with allied countries.

In addition to the foregoing list of the circumstances associated with using drugs, the following comment concentrates on how drugs can interfere with the education of adolescents.

> Mind-altering substances are designed to distract the mind and, therefore, are particularly offensive and destructive in a learning environment. Furthermore, because they have the deliberate effect of delaying and blurring necessary confrontation with the challenges of maturation and growth, mind-altering drugs and education is an especially bad mix. (Statement by Dr. Chase Peterson, *Toward a Drug-Free Generation*, 1990, p. 1)

That drugs can potentially make adolescents malfunction as just described has alarming implications not just for what schools are doing to educate adolescents about drugs, but for all objectives of the entire education system. Highlighting how drugs take a toll on the health of students is the most recent slant in the federal governments' history of trying to eradicate illegal drugs from the U.S. Perhaps the federal government is giving more attention to this slant to lure illicit drug prevalence rates for students and the general population downward.

Prevalence Of Illicit Drug Use In The United States Through 1992

This section discusses the prevalence of illicit drug use in the U.S. The federal government attempts to track the number and percentage of people in the U.S. population who indulge in illicit drugs. The 1992 *Strategy* relies on three surveys of illicit drug use in the U.S. (*National Drug Control Strategy*, 1992; *Drug Use Measurement*, 1993, pp. 8-13). *The National Household Survey on Drug Abuse* (NHSDA), which began in 1971-72, is the most popular tracking device. The NHSDA, the first survey that the 1992 *Strategy* relies on, originated in the National Institute for Drug Abuse (NIDA). NIDA subsequently became the Substance Abuse and Mental Health Services Administration (SAMHSA).

The National Institute on Drug Abuse funded the second survey - Monitoring the Future studies at the University of Michigan's Institute for Social Research - that the 1992 *Strategy* relies on. These studies are: a High School Senior Survey (HSSS), which began in 1975 and is the oldest among this group of studies; young adult follow-up survey; eighth and tenth grade student survey; and a school drop out survey.

The third survey that the 1992 *Strategy* relies on is the Drug Use Forecasting (DUF) study of violators of drug laws who were arrested in metropolitan areas since about 1987. Table 4 summarizes the purpose of these surveys on the prevalence of illicit drug use in the U.S. These surveys commonly seek to ascertain whether citizens use illicit drugs, how often they use drugs, and demographic characteristics.

The 1992 *Strategy* (pp. 15-22) presents the goals and achievements of the *Strategy* since 1990. Table 5 indicates that the *Strategy* has achieved five of the six goals for reducing illicit drug use in the nation. On the surface, the NHSDA that the 1992 *Strategy* bases these achievements suggests a reduction in illicit drug use.

Table 6 provides trends in the percentage of the U.S. population that reported using illicit drugs in the year before the 1988, 1990, and 1992 NHSDA. NIDA conducted the first NHSDA in 1980 and the ninth NHSDA in 1988. In all but the last age category in Table 6, the percentage of the U.S. population that used any illicit drug in the last year declined between 1988 and 1992. In

the last age category, 35 years or more, the prevalence rate for illicit drug use slightly increased between 1988 and 1990. For the same age category, the prevalence rate slightly declined between 1990 and 1992 to a rate slightly lower than the rate in 1988.

People in the 18-25 years age category used considerably more illicit drugs in the year before 1988, 1990, and 1992 than people in the other age categories in Table 6. People in the 26-34 years age category had the next highest rate of illicit drug use in the year before 1988, 1990, and 1992. Whereas people in the 12-17 years age category ranked below people in the 26-34 years age category, people in the 35 years or more age category had the lowest percentage of illicit drug use.

Table 6 also shows that the percentage of people who used illicit drugs in the year before 1988, 1990, and 1992 generally doubled between the 12-17 years age category and the 18-25 years age category. Between the 18-25 and 26-34 years age categories, illicit drug use tempered moderately. In addition, between the 26-34 years and 35 years or more age categories, illicit drug use declined drastically.

Furthermore, Table 6 demonstrates that for 1988, 1990, and 1992, people between 18 and 34 years of age used illicit drugs more than people younger than 18 and older than 34 years of age. Do school DATE programs account for people in the 12-17 years age category indulging in illicit drugs at a rate lower than people who are between 18 and 34 years of age? Are these programs responsible for the illicit drug prevalence rate of people in the 12-17 years age category declining between 1988 and 1990, and again between 1990 and 1992? To summarize Table 6, illicit drugs increased in appeal to people just beyond secondary school age years, but began a steady decline in appeal as people aged beyond the mid-20's. This trend suggests that the Strategy could improve how it tries to persuade people between ages 18 and 34 to stop being involved with illicit drugs.

The *Strategy's* ultimate objective is to eliminate the appeal of illicit drugs to all age categories in the U.S. The *Strategy's* incremental objective is to reduce illicit drug use by a specific percentage each year. By the 1992 *Strategy's* account, illicit drug prevalence rates are declining although the *Strategy* has not achieved its target of a 15% overall reduction.

Determining whether the *Strategy* achieved its objective depends on the clarity of that objective. Determining a change in the illicit drug prevalence rates depends on comparing the percentage of the sample that used illicit drugs from survey period to survey period, the size of the sample and whether it represents the population, validity, and reliability. Several issues challenge the decline in the illicit drug prevalence rates that the NHSDA exhibits and the 1992 *Strategy* hails as an achievement.

The first issue that challenges the declining illicit drug prevalence rate is that the *Strategy* states an objective but does not establish a specific deadline. As such, measuring performance becomes a moving target.

The second issue that challenges the decline in the illicit drug prevalence rates is that the size and demographics of the sample, and categories of illicit drug use in the NHSDA vary each year. The variance in the size of the sample is not proportionate to the variance in the population each year. A fluctuating variance raises concern about the error factor in the NHSDA results although the NHSDA attempted to increase confidence in the error factor (National Institute on Drug Abuse, 1990, pp. 2-3).

The demographics of the NHSDA sample are another concern that is related to the variance. The demographics of the NHSDA sample are not applicable longitudinally (p. 2). The NHSDA has over sampled and under sampled respondents based on geographic areas, age, and ethnicity (pp. 2, 5).

> The 1988 sample design used a composite size measure methodology and a specially designed within-household selection procedure to meet specified precision constraints for subgroups defined by age and minority group membership. To reduce survey costs, the design sampled Hispanics at higher rates in geographic areas where they were concentrated... .
>
> To reduce the number of required screenings, two selections per household were allowed in some Hispanic and black households containing 12- to 17-year-olds. Two interviews were always conducted in those Hispanic and non-Hispanic black households with a 12- to 17-year-old resident (one always with a 12-17 year old), unless one of the selected respondents refused or was otherwise unavailable for interview. (National Institute on Drug Abuse, 1990, pp. 4-5)

Besides the NHSDA sample being skewed toward certain geographic areas, age groups, and ethnicity, the NHSDA typically examined "special procedures and topics" (p. 2). Although the NHSDA claims to have maintained "sufficient continuity in the series to chart trends in drug use over the past decade and a half," (p. 2) any survey that adds new questions, categories, demographics, and respondents frequently makes determining whether the 1992 *Strategy* achieved its objectives a complicated endeavor. How useful is the NHSDA baseline or subsequent data if not for comparison?

The third issue that challenges the decline in the illicit drug prevalence rates is that the NHSDA includes the non institutionalized population, based on the last census, living in a household. The NHSDA, therefore, excludes college students living in dormitories, transients (homeless), and incarcerated persons - "a small proportion (less than 2 percent) of the population" (p. 4). The NHSDA asserts that "If the drug use of these groups differs from that of the household population, the NHSDA may provide slightly inaccurate estimates of drug use in the total population" (p. 4). Such estimates of drug use in the total population are probably more than just "slightly inaccurate." This is so because the census also is a door-to-door exercise that excludes the same groups of people. Moreover, it occurs every decade and just by its nature tends to alienate illegal immigrants. How can the NHSDA measure illicit drug use in a satisfactory way? How susceptible to using illicit drugs are the people whom the NHSDA excludes? What if these people use more illicit drugs than the people whom the NHSDA includes?

The fourth issue that challenges the declining illicit drug prevalence rate is that the NHSDA is based on unverified self-reports to a federally funded organization. Of the four age categories in Table 6, students who are dependents in the homes of their guardian(s) typically compose the 12-17 years age category. These students conceivably could be paranoid about revealing their involvement with illicit drugs. Their paranoia could arise from fearing that the information that they disclose in the NHSDA might not remain confidential. If anyone connected to the NHSDA breaches confidentiality, the students could suffer punitive consequences from people whom they depend on to provide for their welfare. The students could also fear suffering punitive

consequences from regulatory agents of the government that funds the survey. What could possible motivate dependent students to take such a risk that being honest about their involvement with illicit drugs entails? What could possibly inspire anyone in any age category to disclose using illicit drugs without reward, but with a reasonable chance of suffering punitive consequences?

The fifth issue relates to whether the distortions in the self-reported data are consistently in the same direction longitudinally? For example, is the percentage of people who under estimate their illicit drug use in the NHSDA the same every year?

The sixth issue relates to the previous two issues that question self-reports. The sixth issue is that people who used illicit drugs once during the period that the NHSDA is inquiring about might consider themselves to be an experimenter. These people might not plan to use illicit drugs again. What if these people disqualify themselves as an illicit drug user? Moreover, these people and others who participate in the NHSDA are likely to be aware of the negative connotation that the government associates with any illicit drug use. Furthermore, what about people who used illicit drugs involuntarily? What are the chances that any of the foregoing people will be honest in a survey that challenges their self-image?

The foregoing issues in this section make the proposition that illicit drug use in the U.S. is higher than what the NHSDA is detecting quite feasible. The feasibility of this proposition confronts the success that the 1992 *Strategy* claims head on. It also promotes skepticism about the 1992 *Strategy* being able to achieve the goal of not only eliminating illicit drug use, but reducing illicit drug use by 15%. The updated statistics in the next section on the prevalence rates for youth involved with illicit drugs confirms this skepticism. The section also links such involvement with violence and academic achievement.

Recent Trends in Youth Being Involved With Illicit Drugs

Studies that the Parent Resource Institute for Drug Education, National Institute of Justice, and National Institute on Drug Abuse conducted provide evidence that youth who are involved with illegal drugs tend to be violent and fail to achieve their academic potential *(National Drug*

Control Strategy, 1995 (April), pp. 11-13). "Drug use and the crime it generates are turning the American dream into a national nightmare for millions of Americans" (Lee P. Brown, director, Office of National Drug Control Policy, *National Drug Control Strategy*, 1995 (April), preface). Thus, the key to reducing criminal activity is to reduce illegal drug use (p. 12).

The Clinton Administration supports school drug prevention programs to discourage youth from using drugs *(National Drug Control Strategy*, 1995 (April), p. 25). This is so "especially in light of the increasing use of drugs among the adolescent population" (p. 24). The percentage of 8th graders who reported using alcohol, marijuana and cocaine at school during the day or near school increased between 1991 and 1993 *(Data Volume for the National Education Goals Report (Volume One: National Data)*, 1994, pp. 112-115). Furthermore, the percentage of 8th grade students who reported that they brought a weapon to school at least once during the previous month increased between 1992 and 1993 (p. 117). The Safe and Drug-Free Schools and Communities Act (SDFSCA), an updated version of the DFSCA of 1986, is evidence of the Administration's support of school drug prevention programs. The Clinton Administration extended the reach of the SDFSCA to prevent violence among other objectives.

The federal government acknowledges the importance of attacking the problem of illicit drug use more holistically than in previous years. Recent statistics in this section cast doubt on the successes that the federal government has heralded through 1992. Recent statistics warrant a new approach.

As such, the federal government is giving greater recognition to the purpose that public school drug prevention programs serve in reducing illicit drug use and violence. All this in the spirit of improving the academic performance of students and life in general for Americans.

Is the recognition that the federal government is giving to public school drug prevention programs provocative enough to seriously challenge illicit drug us and violence? How does the federal government's historical record influence the capability of public school drug prevention programs? These core questions provide the lead-in to the purpose and scope of the research project.

Purpose and Scope

The research project is a historical exploration of drug control enactments and organizations. The exploration was conducted to assess how the predominant emphasis in these enactments and organizations influences the potential of public school drug prevention programs to discourage students from being involved with illegal drugs.

The historical exploration stretches from the first drug control enactment or organization that could be identified in 1850 to 1989. The next section pinpoints the research questions that guided the exploration.

Research Questions

The core research questions that structured the historical exploration of drug control enactments and organizations are:

1. What are the enactments and organizations that the federal government devised to control illegal drugs in the U.S.?
2. What has the federal government predominantly emphasized in drug control enactments and organizations?
3. How does what the federal government predominantly emphasized in drug control enactments and organizations influence how school drug prevention programs attempt to deter students from being involved with illicit drugs?

The literature that the next section summarizes creates the foundation for answering these questions. The literature assists with understanding what is pertinent to public policy analysis; specifically, how public policy variables attribute to whether the federal government makes considerable strides toward achieving public policy objectives.

LITERATURE REVIEW

Literature on public policy analysis and school drug prevention policies and programs provides the basis for the research project. Such literature addresses the purpose of analyzing public policy, some of the variables embedded in the public policy analysis process, and the purpose and structure of school drug prevention programs.

Public Policy Analysis

Overview

The U.S. government has a history of failing to implement public policy in a manner that achieves stated objectives. This is so "even in the case of programs with strong public backing which have been legitimately enacted into law" (Mazmanian & Sabatier, 1983, preface). This section examines the issues that underlie public policy analysis: defining the problem; identifying the reasons - causal theories and assumptions - that the problem exists; and appropriating human, technical, and financial resources to achieve public policy objectives.

Public policy analysis can be divided into three components: development, implementation, and evaluation (Jenkins-Smith, 1990, p. 9). Public policy is analyzed to explore the implications of public policy (p. 10), improve strategies for changing behavior to resolve problems (Mazmanian & Sabatier, 1983, p. 24), determine which public policy contributes the most to social welfare, and discover how to distribute public resources more efficiently, effectively and equitably (Jenkins-Smith, 1990, pp. 1, 11-12).

Whether the government allocates resources efficiently and effectively can be measured in terms of what maximizes benefits and minimizes costs to the individual. Equity, however, is the normative aspect of public policy analysis because it entails determining a "fair" allocation of resources (Jenkins-Smith, 1990, p. 12). John Rawls believes that the "concept of efficiency can be said to provide the logical and normative core of policy analysis" (p. 15).

Efficiency improves as a result of refining causal theories, measurement techniques, and technology. These are essential to implementing public policy (Mazmanian & Sabatier, 1983, p. 24).

> Implementation is the carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions. Ideally, that decision identifies the problem(s) to be addressed, stipulates the objective(s) to be pursued, and, in a variety of ways, "structures" the implementation process. The process normally runs through a number of stages beginning with passage of the basic statute, followed by the policy outputs (decisions) of the implementing agencies, the compliance of target groups with those decisions, the actual impacts - both intended and unintended - of those outputs, the perceived impacts of agency decisions, and finally, important revisions (or attempted revisions) in the basic statute. (Mazmanian & Sabatier, 1983, pp. 20-21)

Two of the many independent variables that impact public policy implementation are: (a) The reasons - causal theories and assumptions - that legislative agents and public policy implementors adopt; and (b) the reaction of the group targeted by public policy (Mazmanian & Sabatier, 1983, pp. 4, 5, 12, 22).

Causal Theories And Assumptions, And Target Group Behavior

Causal theory is adequate if it clarifies the relationship between government intervention and the outcome of the program, and if those who implement programs have the authority to manipulate causal variables that influence the outcome of program implementation (p. 26). In succinct terms, causal theories significantly determine the success of implementing programs. However, "adequate causal theories are often either unavailable or unincorporated into legislation" (p. 29).

Some of the literature on public policy analysis suggests that the federal government cannot fulfill its expectations without accurately defining and measuring the validity of the reasons that a problem exists. Although the validity of causal theory and assumptions might not be directly measurable (Lester and Bowman, 1986, p. 13), "the *perception* of the validity of the theory" can be determined (Goggin, 1990, p. 59). Consider the following quotation:

> A key concept here is causal theory and its validity: if a state faithfully implements a policy (a process) but the causal theory underlying the policy is flawed, then results (outputs and

> outcomes) are likely to fall short of expectations. In other words, goal satisfaction is a function of *both* inducing the implementation behavior required to achieve program objectives *and* acting on the basis of a sound causal theory. (Goggin, 1990, pp. 57-59)

The foregoing quotation indicates that the validity of causal theory and assumptions is related to the behavior of the target group. Causal theory and assumptions, which this section has addressed in depth, target group behavior, policy development and modification, and research design pose challenges that public policy implementation faces.

The target group is composed of private actors who are expected to benefit from or change their behavior as a result of a program (pp. 22, 45). The degree to which human behavior must be changed is predicated on how diverse the behavior of the target group is. Thus, the problem that a public policy identifies can potentially be resolved if human behavior can be modified to the extent necessary to achieve public policy objectives.

Whether the target group adjusts its behavior to comply with law depends on relative costs and benefits (p. 37). Costs and benefits are affiliated with the risk and type of punishment for not complying with law, whether the target group believes the law is legitimate or just, and the trade-off between the cost of complying as opposed to not complying. Severe punishment serves as a strong persuasion for compliance (p. 37).

Public Policy Implementation

Causal theory, and target group behavior in addition to other independent variables, influence dependent variables that are affiliated with public policy implementation (p. 22). Four dependent variables are: (a) Policy development by implementing agencies; (b) target group compliance with policy; (c) actual and perceived changes in response to policies; and (d) changes to the initial mandate (p. 22).

Ultimately, public policy implementation relies on public support and respect for policy objectives to achieve verifiable improvements in society (p. 23). Several assertions regarding public policy implementation are (pp. 20-24):

1. The more diverse target group behavior is, the more difficult concisely delineating the implementation process becomes.

2. The greater the degree a target group must change behavior, the less likely implementation will achieve policy objectives.

3. Problems have a high probability of being resolved if relevant technology is available, the range of behavior that must be changed is small, the target group represents a small percentage of the population, not much change in behavior is required, and a behavioral theory directly applies to the problem.

Implementing public policy is a dynamic process due to substantial interaction between many variables (Mazmanian & Sabatier, 1983, p. 39). Thus, implementing public policy continues to involve several challenges. One challenge is that the case study approach, popularly used in public policy implementation, does not permit isolating the effect of exogenous independent variables, external validity, or generalizing results to the larger population (Goggin, 1990, p. 10).

Another challenge to public policy implementation is the lack of a consensus on a definition of implementation, and on determining where the implementation process begins and ends (pp. 10-11). One definition of state implementation is that it "is a process, a series of state decisions and actions directed toward putting an already-decided federal mandate into effect" (p. 34). A federal mandate is a decision in the form of a statute, executive order, court decision, or administrative regulation (p. 35).

The time within which the state complies with a federal mandate is pertinent to the implementation process (p. 34). Also, the content and form of a federal decision, as well as how the state perceives penalties for not complying with federal mandates determine whether, how, and when the state implements federal mandates (p. 35). The content of a federal decision refers to policy type, which the costs and benefits that will be distributed as a result of the public policy determines. If public policy does not considerably redistribute costs and benefits, major problems in society are not likely to be resolved, but public policy implementation is likely to occur (p. 83). Also, content refers to the effort required to resolve a problem, predicting results and conflict, financing, how persuasive the public policy is, and citizen participation.

The form of a federal decision, unlike content, refers to how clear the decision is in specifying means and ends, whether the decision agrees with other public policy objectives, and if

the decision can withstand changes in how it is executed. The quality of the content and form of a federal decision coupled with resources determines the probability that public policy implementation will occur. Content, form, and resources must be present simultaneously (pp. 77-79).

Public policy implementation has other challenges. A third is developing definitions and measuring variables that affect public policy implementation (p. 11). A fourth is that public policy implementation primarily has been examined over the last two generations from the perspectives of local implementors and actors, and the federal government, but less so from the perspective of the state (p. 12).

Forward mapping and backward mapping are two perspectives which include the state and can be used to analyze public policy implementation (Elmore, 1979). Forward mapping assumes that policy makers control public policy implementation the success of public policy. This control exists if policy makers delineate the objective of a public policy, the means for achieving the objective, and the expected outcome to which the actual outcome can be compared. But policies have failed due to variables outside the control of policy makers.

A backward mapping approach to analyzing public policy - a stark contrast to forward mapping - accounts for variables outside the control of policy makers. First, policy actors describe the behavior of a group that is perceived to be a problem and that eventually becomes the target of public policy. Then, policy actors assess the organizational and financial capacity of agencies that could change that behavior. Finally, policy actors develop a public policy that incorporates the information that was obtained in the previous stages of the backward mapping approach.

Other contrasts are apparent in the two approaches for analyzing public policy implementation. Rather than the existence of public policy determining behavior as in the forward mapping approach, the backward mapping approach recognizes the capability of public policy implementors and organizations to considerably influence the behavior of the targets of public policy. With forward mapping, power over policy is positively related to having a high ranking

position in the policy development process. With backward mapping, power over policy is positively related to close proximity to the target population.

In addition to these differences in forward and backward mapping, other contrasts exist. Forward mapping centralizes control during public policy implementation; backward mapping disperses it. Dispersed control provides for a wide range of ingenuity and discretion for changing behavior, and simplifies the implementation process. Dispersed control permits public policy implementors who are close to the target population to negotiate with the target population to obtain their cooperation and commitment to the public policy. With forward mapping, policy actors develop public policy without closely observing or obtaining substantive contribution from the target population. The target population is less likely to identify benefits that could be derived by adhering to public policy that is derived through a forward mapping approach than by adhering to a backward mapping policy. Therefore, the outcome of a forward mapping public policy typically differs from the intent of policy makers. In other words, policy actors are more likely to implement a backward mapping public policy successfully than a forward mapping public policy.

Social Construction Of Public Policy

In addition to attempting to change behavior, "policy teaches lessons about the type of groups people belong to, what they deserve from government, and the behavior that is expected of them" (Schneider & Ingram, 1993, p. 340). While some public policies encourage political participation and provide opportunities for some groups, other policies discourage political participation and erect roadblocks (p. 335). Messages in public policy reinforce these roadblocks and dictate who will win or lose in the political process, who will be treated favorably as clients of the government, and who will be regarded negatively as objects of government (p. 341).

These messages, as well as the lessons from policy, are intricate to what Schneider & Ingram (1993) term social construction. Social construction determines how people should be treated (p. 340), the kind of public policy that will be adopted, and how the benefits and costs of public policy will be derived and distributed to a target group (p. 345). Social construction

determines the kind of public policy, and the kind of public policy reinforces social construction (pp. 334-335).

Social construction and political power affect the effectiveness, efficiency, logic, design, goals, tools, target population, and implementation of public policy (p. 345). Social construction is the negative and positive stereotypes of people that politics, culture, society, history, the media, literature, and religion create. The sources that create social construction can alter social construction; dramatic events can do so too (p. 343). Some groups of people are target populations, such as people who drive cars, but do not have a social construction.

Political power is measured by votes, wealth, and the probability and capability of a group of to act on its beliefs (p. 345). Social construction and political power divide target groups into four categories: deviants, dependents, contenders, and advantaged (pp. 336-338). Social construction can be negative or positive; political power can be weak or strong. A negative social construction carries the connotation that a group deserves to bear the cost of public policy rather than reap benefits. A positive social construction is associated with the perception that a group deserves to benefit from public policy instead of being burdened with costs. Powerless groups are perceived to need guidance from the government. Powerful groups are thought of as exercising good judgment.

Deviant groups have weak political power and a negative social construction and are composed of criminals, drug addicts, communists, flag burners and gangs (pp. 336-337). They are subjected to public policy that entails punitive consequences, fewer benefits and more obvious costs than are necessary to achieve the objectives of public policy.

Public policy for deviants denies them of something the advantaged are told they have a right to - information, organizing, voicing their opinion, and self-regulation (p. 339). Such public policy might provide benefits, such as rehabilitation programs, but it coerces deviants to change rather than attempt to change "the structural problems that are the basis of the problem itself" (p. 339).

Public policy sends messages to deviants that they are marginalized individuals who create problems (pp. 341-342). Their experiences with government are primarily negative, therefore they minimize their contact with government to reduce the chances of suffering punitive consequences. Minimizing contact, however, entails not claiming benefits deviants might be entitled to.

Deviants do not trust government because they view the government as being inconsistent and unpredictable in following the rules it established (p. 342). Deviants judge these rules as corrupt and ineffective and not applicable to them. Therefore, deviants do not participate in the formal political process which determines such rules and allocates benefits and costs of public policy. Deviants do not see a role for themselves in government and tend to favor informal avenues of participation like riots and protests.

Dependent groups have weak political power and a positive social construction and are composed of children, mothers, and the disabled (pp. 336-338). Public policy that pertains to them awards them fewer resources than what is required to solve the problems they face. Such public policy also bears more costs than are warranted to achieve the objectives of policy.

Public policy directed towards dependents fosters dependency, has stigmas attached to benefits, attempts to give permission, and either stops or requires action (p. 339). Dependents must take the initiative to secure such benefits as well as prove their eligibility. Dependents receive messages from public policy that tell them that they have needs but are helpless in satisfying needs and must rely on government to make choices for them (p. 342). And, public policy messages make dependents believe that the help they receive detracts from, rather than contributes to, public welfare and achieving national goals, and that they are not deserving of more benefits (pp. 342, 344). Because public policy gives dependents and deviants the impression that their interests are not part of the collective interests of society, they remain on the outside of a political process that they cannot manipulate in their favor (pp. 342, 344). Thus, dependents have low control over the benefits they receive and no control over the costs they endure.

Public policy awards benefits to dependents and deviants, who are politically powerless, for reasons having to do with justice rather than for reasons that are instrumental to achieving

national objectives (p. 340). Public policy assigns instrumental reasons more importance than reasons having to do with justice. Thus, politically powerful groups benefit from public policy that contains instrumental reasons. By contrast, politically powerless groups benefit from public policy that contains reasons related to justice. For example, public education benefits the general public. So, elected officials speak of education in terms of justice and equal opportunity. But, educators logically argue that education is instrumental to the economic strength of the nation. If elected officials justify education policy with instrumental reasons, then groups that are politically powerless would receive the same benefits that politically powerful groups receive.

Social construction and political power put politically powerful groups in two categories; the contenders and the advantaged (pp. 336-338). Contenders - the rich, big unions, minorities, cultural elites, and "the moral majority" - receive hidden benefits and sustain overt costs from public policy. Despite their political power, contenders have low control over these benefits and some control over these costs because they have a negative social construction.

The contenders receive messages from public policy that the government is suspicious of them and that they must protect the interests of their groups themselves (p. 342). Contenders expect conflict in their interaction with government and they believe that to win in the political process they must manipulate the rules. Contenders, like deviants, believe that the political process is malignant, but contenders play but tend not to abide by the rules for participating in the political process.

In addition to having strong political power like contenders, the advantaged have a positive social construction, which gives them considerable control over their benefits and costs of public policy (pp. 336-338). The advantaged are advised of the benefits, such as entitlements, subsidies, free information, training, and technical assistance, that public policy affords them. And, public policy, whether it benefits or penalizes the advantaged, does not attach negative labels to the group. The advantaged receives benefits above what the percentage of the population they represent can justify. The advantaged consider the benefits they receive to be rewards for their contribution as independent agents of the government in the political process. The advantaged contributes to the

political process through votes, charity, and opinion. These contributes work toward achieving national goals. Moreover, the advantaged think that what is in their interest must be in the best interest of the public (p. 344). Groups other than the advantaged also believe that the advantaged deserve the benefits they receive.

The costs that public policy distributes to this group, however, are less than what is necessary to achieve the objectives of public policy. When the advantaged view these costs as unfair, or think other groups are receiving more beneficial treatment, they do not respond favorably toward government (p. 341). When this happens, the advantaged collaborate to change public policy and to establish private systems such as schools and health organizations that satisfy their needs. The more the advantaged participate in private enterprises, the less support they give government and the public welfare. A withdrawal of support decreases the quality of life for dependents and deviants who rely on government services (pp. 341-342).

Public policy gives the advantaged messages that they are respected and are viewed as working cooperatively with others to improve public welfare (p. 341). Public policy messages, other aspects of public policy, and social construction motivate the advantaged to increase their capacity and to be self-directed. Public policy messages, other aspects of public policy, and social construction, however, discourage other groups from securing more political power (pp. 338-339, 344).

Advantaged groups that begin to do what public policy condemns, such as being involved with illegal drugs, do not accept the negative public policy messages or social constructions that characterize them as bad and not deserving of benefits (p. 343). These advantaged groups have the political power to change public policy to suit their interests through conventional as well as unconventional political processes.

Social construction theory offers another perspective of the relationship between public policy and democratic government. The theory explains why politicians seeking reelection guard the benefits in policy designed for political powerful groups (advantaged, contenders) but do no

hesitate to terminate or reduce the benefits in policy directed toward politically impotent groups (deviants and dependents) (p. 345).

> True empowerment and equality would occur only if all target populations have social constructions that were positive and only if all have power relatively equal to their numbers in society . . . (P)olicies that fail to solve problems or represent interests and that confuse, deceive, or disempower citizens do not serve democracy. Policy designs that serve democracy, then, need to have logical connections to important public problems; represent interests of all impinged-on groups; and enlighten, educate, and empower citizens. Given the electoral dynamics described here, however, it is not likely that policy will be designed to achieve all three of its democratic roles unless the power of target populations is made more equal and social constructions become less relevant or more positive. In other words, the only groups in the policy typology for which policy is likely to serve democratic roles are the powerful, positively constructed groups. (p. 345)

According to social construction theory, public policy appeases or penalizes target populations based on the strength of their political power and the value of their social construction. The theory implies that social constructions are defined and remain fixed by those other than the groups the social construction applies to. Furthermore, the factual basis of a social construction is less important than how readily the public is willing to accept a social construction. Finally, social construction theory disregards socioeconomic status.

Summary

Social construction theory shares the dominant theme of the previously discussed literature on public policy analysis - target groups. At this juncture, the literature on public policy analysis has revolved around types of target groups and their behavior, reasons - causal theories and assumptions - that target groups behave as they do, and the benefits and drawbacks that accrue to target groups.

The next two sections discuss what public school drug prevention policies and programs attempt to do to modify the behavior of students as one target group. Achieving the goals of federal drug control enactments and organizations demands that such behavioral modification occurs.

Public School Drug Policy

The DFSCA of 1986 and *Strategy* established requirements for State Departments of Education to ensure that school districts comply with. These requirements appear in education, health and safety, penal, and vehicle codes. The requirements are for school districts to have:

- a drug abuse education and prevention advisory council;
- a current drug and alcohol policy with procedures to eliminate the sale and use of drugs and alcohol on school premises;
- age-appropriate, developmentally based drug use education and prevention programs for all grades;
- assessments of current drug and alcohol problems;
- a drug-free schools coordinator (county and district level);
- DFSCA certification requirements;
- a school program that is coordinated with community education, prevention, treatment, and rehabilitation programs;
- procedures for monitoring program effectiveness; and
- an annual progress report.

Public school district drug (alcohol, tobacco, and other drugs) policies communicate expectations, influence attitudes, condone or condemn certain behavior, and link behavior to consequences (Lark, 1993, p. 1). These drug policies and how school districts implement them are an important determinant of whether students use drugs (Moskowitz, 1987; Moskowitz & Jones, 1988). Implementing public school district drug policies occurs according to public school district drug procedures. These procedures define the process for achieving goals that drug policies specify. Whereas the DFSCA of 1986 and *Strategy* determine the parameters of school drug policies and procedures, school drug policies and procedures establish the parameters for school drug prevention programs. The next section is devoted to school drug prevention programs.

Public School Drug Prevention and Intervention Programs

Whereas public school drug prevention and intervention programs employ an assortment of efforts to discourage student involvement with illicit drugs, public school drug enforcement programs are rather cut and dried. Typically, drug enforcement entails punitive consequences for students who are involved with illicit drugs. The punitive consequences escalate depending on the

extent of the involvement. The punitive consequences for using drugs are less severe than the punitive consequences for selling drugs (Lark, 1993). The punitive consequences are: warning, suspending, and expelling students; transferring students to alternative education programs; compelling students to provide community service; and releasing students to law enforcement agents so that they succumb to the penal system (Lark, 1993). Public schools initiate drug enforcement at the same point that the federal government does; after students become involved with illegal drugs. The objectives of public school drug enforcement are distinctively different from the objectives of their drug prevention and intervention programs.

The objectives of public school drug prevention programs are: "Prevention - to delay or prevent experimentation with drugs by developing the social and academic competency of all students" (*Not Schools Alone,* 1991, p. 10); and "Intervention - to disrupt experimentation with or use of drugs and shift the prevailing norm to non use and healthy development through the influence of non using peer" (p. 10).

> The terms prevention and education are used interchangeably to refer to activities designed to reduce the extent of substance use among youth and to prevent alcohol and drug-related problems. When the term drug is used, it refers to the use of illegal substances by youth, including alcohol. (*Report to Congress and the White House*, 1987, p. 1)

The objectives of prevention and intervention are achieved by schools identifying and providing students with skills to counter risk factors. Risk factors are grouped according to those that relate to the individual and peers, school, family, and community. The risk factors that relate to the individual and peers are behavior that is antisocial or rebellious; attitudes that predispose individuals to using drugs; and the degree of persuasion of peers, especially those who use alcohol, tobacco, or other drugs (*Not Schools Alone,* 1991, pp. 4-5; *Toward a Drug-Free Generation,* 1990, p. 46). Risk factors that pertain to school are the student's degree of commitment to learning and school activities; the existence and enforcement of alcohol, tobacco, and other drug policies; and the availability of alcohol, tobacco, and other drugs (*Not Schools Alone,* 1991, pp. 4-5; *Toward a Drug-Free Generation,* 1990, p. 46). Risk factors that are associated with family are expectations, and the degree of nurturance, comfort, discipline, and receptivity toward alcohol, tobacco, and other drugs (*Not Schools Alone,* 1991, pp. 4-5; *Toward a*

Drug-Free Generation, 1990, p. 46). Risk factors relative to community are the degree of economic and social opportunities and participation; predilection toward alcohol, tobacco, and other drugs; and the availability of alcohol, tobacco, and other drugs (*Not Schools Alone,* 1991, pp. 4-5; *Toward a Drug-Free Generation,* 1990, p. 46).

School drug prevention programs endeavor to help students compensate for risk factors and change student behavior by providing protective factors (*Not Schools Alone,* 1991, pp. 3-7). Protective factors derive from feeling competent relative to opportunities, choices, and survival. Youth who possess protective factors: feel a certain amount of control over circumstances; are able to resist drugs; feel recognized for their achievements; are optimistic about life, goals and success; interact in healthy relationships; are disciplined constructively and in their orientation toward life; know how to solve problems analytically; and can find humor in situations (*Not Schools Alone,* 1991, pp. 4-5; *Toward a Drug-Free Generation,* 1990, p. 46).

Family and school are the most essential source of protective factors for children (Mason & Lusk, 1991, pp. 272-273). They are dominant and influential conventional institutions in children's lives and, therefore, have the greatest chance of reducing the probability that children will use drugs. Adolescence, however, alters children's relationship to family and school.

Adolescence usually begins when girls are 11 and boys are 12 years old. It begins to attenuate around age 15. This is a period when youth experience physical, interpersonal, cognitive and emotional paradoxes (Sanders, 1993, pp. 7-10). From a physical perspective, the change in the body's shape, size and mixture of hormones increases interest in sexual experimentation (p. 9).

Coupled with these bodily changes, the adolescent is attempting to be more independent of family while still very dependent on family for basic needs such as "food, clothing, shelter, education, health care, and social and recreational activities" (p. 13). Prior to adolescence, family is relied upon to satisfy intellectual, social, spiritual, disciplinary, and safety needs (p. 13). Family is also expected to provide guidance and affection (pp. 14-15).

Adolescence begins to shift the burden of satisfying these needs from significant others during childhood to the individual in adulthood (pp. 13-15). Interpersonal relations with peers facilitates this transition from dependence to autonomy.

> Friends are especially important, serving as mirrors for measuring emerging identities and providing emotional support. As adolescents develop a sense of self they are particularly vulnerable to peer influence. This results in pressure to think and act like everyone else within the group, often with negative results. (p. 10)

In addition to this dichotomy in relationships with family and peers of the adolescent, the adolescent also is torn between reality and imagination (p. 11).

> It is not uncommon for early adolescents to read complex motives into situations where none exist. They frequently lose perspective as to what concerns them and what concerns or effects others. (p. 12)

The paradoxes in feelings about self and others are enough to characterize adolescence as, perhaps, one of the most confusing periods of life. Feelings may be hard to attribute to a particular source. And who the adolescent is not is more certain than who the adolescent thinks they are (p. 11). Furthermore,

> Some adolescents develop and adopt negative self-images and behave in ways that strengthen that identity. Feelings of sadness, loneliness and despair are common by mid-adolescence, although depression is often masked in early adolescence. (p. 12)

Adolescents often are very vulnerable to relationships and circumstances, particularly those they cannot change. And to adolescents, this vulnerability seems interminable. But,

> The teenage years are few in the total life cycle, but critical in the maturation process. During these years adolescents face the difficult tasks of discovering their identity, clarifying their sexual rolls, asserting their independence, learning to cope with authority, and searching for goals that will give their lives meaning.
>
> Drugs rob adolescents of precious time, stamina, and health. They interrupt critical learning processes, sometimes forever. Teenagers who use drugs are likely to withdraw increasingly into themselves, to "cop out" at just the time when they most need to reach out and experience the world. (Marshall, 1988, Joann Rodgers in the Foreword)

School drug prevention programs that strengthen adolescents against the vulnerability adolescents experience are successful. These programs follow a comprehensive plan, focus on the positive, and meet the needs of the population that they are endeavoring to help (*Not Schools Alone*, 1991, pp. 3-7). These programs also involve the community, families and peers of students, and school administrators, teachers, and staff. Although the success of school drug

prevention programs is part of the rhetoric of government agencies (*Not Schools Alone*, 1991), other research (Kumpfer & Hopkins, 1993) confirms this success to some degree.

School drug prevention programs disseminate information about types of drugs, and about the medical, behavioral, and punitive consequences of using drugs (*National Drug Control Strategy*, 1992, pp. 39-44, 162; *Not Schools Alone*, 1991, p. 11). Although the majority of people believe education is powerful in reducing drug use, results from research on advertising and school programs do not support this belief (Kaplan, 1988, pp. 42-43). Young people do not want to do what older people tell them to do (p. 43). But using young people to educate other young people about tobacco use often has been successful (p. 43).

In addition to being an information resource, school drug prevention programs get students involved in sports, clubs, hobbies, personal growth situations, and social events outside of the classroom curriculum (*Not Schools Alone*, 1991, p. 12).

In summary, school drug prevention programs try to insulate students from factors that might get them involved with drugs, and provide students with resiliency skills in relationships and circumstances. Furthermore, drug prevention programs provide information and activities, and encompass people who are significant in the lives of students.

School drug prevention programs, according to what they provide, can be classified by the following five types: (a) Knowledge and information; (b) attitude change, personal and social growth, values clarification, and feelings: (c) knowledge and attitude change; (d) positive peer influence with skill development; and (e) positive alternatives to using drugs and skill development (*Toward a Drug-Free Generation*, 1990, p. 31). Positive alternative programs attempt to get students involved in activities at school and in the community to fulfill their need for new sensations and the need to feel included. (*Report to Congress and the White House*, 1987, p. 5).

Many schools have the first three types of programs, which focus on the individual, but these programs have not reduced drug use (*Toward a Drug-Free Generation*, 1990, p. 31; *Report to Congress and the White House*, 1987, p. *ii*). The last two types of programs, which focus on

social influence, have been the most effective at reducing drug use (*Toward a Drug-Free Generation,* 1990, p. 31).

Social influence models deter adolescents who are not necessarily high-risk from using drugs just for a short period of time, but these models do not change the conditions that influence development (Hawkins, Catalano, & Miller, 1992). The success of social influence models depends on the type of substance involved (*Report to Congress and the White House,* 1987, p. 1).

Any of the five types of school drug prevention programs, together or alone, will at best produce short-term changes in behavior (Mason & Lusk 1991, p. 271). This is because school drug prevention programs are structured too narrowly to incorporate anything beyond personal traits and experiences (Mason & Lusk 1991, p. 271). These programs do not consider macroenvironmental factors - social, economic, and political circumstances beyond individual control - that influence students to use drugs (Mason & Lusk, 1991, p. 271; Seiber & Austin, 1993, p. 50); use theory properly; consider differences in why and how drugs are used or how students differ; meet the needs of students who are particularly inclined to use drugs; change behavior; or undergo rigorous and holistic evaluation. Evaluations of school drug prevention programs frequently emphasize "statistical significance to the neglect of policy and programmatic significance" (*Report to Congress and the White House*, 1987, p. 8; Novacek, Raskin, & Hogan, 1991).

> Available evaluation research suggests weak, inconsistent, and short-term effects, or, more commonly, no effects at all. In some cases, evaluations have even suggested reverse effects (i.e., increased use). (*Report to Congress and the White House*, 1987, p. 8)

Recent research discloses that school drug prevention programs are beginning to give youth a greater and realistic sense of self and an awareness of how they can contribute to others (Kumpfer & Hopkins, 1993). Because family and communities are in a state of crisis, schools now bear a substantial burden for steering children away from drugs (Mason & Lusk, 1991, p. 274). Families do not seem to be as capable of providing children with behavioral guidelines, self-efficacy, stability, constructive communication, and the nurturance they provided in the past.

Families can no longer be solely relied upon to give children the social, personal, and academic skills they need to cope with life (Mason & Lusk, 1991, pp. 272-273).

Although the available research provides limited support for school drug prevention programs, little evidence is available to challenge the basic premise that prevention is the most humane and cost-effective response to drug and alcohol use and related problems among youth (*Report to Congress and the White House*, 1987, p. 9)

Summary

The literature on public policy analysis and public school drug prevention policies and programs incorporates several pertinent points. The first point is that the federal government has a dismal record for implementing public policy. This could be because the federal government has not efficiently or effectively allocated resources; accurately identified, addressed or measured the validity of the reasons for the problem in public policy; understood target group behavior, particularly from the target group's perspective; or gained the cooperation of states and other policy actors in implementing public policy by affording them more control and/or greater input.

The foregoing points are pertinent to understanding how the history of drug enactments and organizations is related to the current structure of public school drug prevention programs and their potential to distract students from illegal drugs. The next section, Methodology, explains how the research project will relate the past to the present and future.

METHODOLOGY

Government documents and other sources contain the history of federal government drug control enactments and organizations. Table 7 summarizes the primary thrust of this history (1850-1989) by year and event. Events include the introduction of drugs, incidents associated with particular drugs, when drug control enactments and organizations were established, and epidemics and other situations associated with drugs.

Various tables extract and categorize information from Table 7 by decade and specific title of the drug enactment or organization. Table 8 gives drug acts and laws. Table 9 identifies drug administrations. Table 10 focuses on drug boards and bureaus. Table 11 highlights drug commissions and committees. Table 12 shows drug conferences and conventions. Table 13 pinpoints drug divisions, institutes, and offices. Table 14 displays drug strategies and systems. Table 15 itemizes drug task forces and treaties.

This detailed approach to organizing the data accumulated from the historical exploration of drug enactments and organizations facilitates summarizing the data in the following tables. Table 16 draws upon the data in Tables 8-15 to calculate the number of enactments and organizations by decade and type. Table 17 collapses the various enactments and organizations in Table 16 into one group by decade.

Tables 18-33 delineate each type of drug enactment and organization by decade depending on whether the federal government emphasized economics, enforcement, or prevention and intervention. Tables 8-15 specify this emphasis based on the words that the source documents used in discussing drug enactments and organizations. In Tables 8-15 and 18-33, drug enactments and organizations emphasized economics if the source documents refer to words that primarily pertain to revenue. Drug enactments and organizations emphasize enforcement if the words in the source documents primarily indicate regulation and punitive consequences. And, drug enactments and organizations emphasized prevention and intervention if the source documents mention any aspect of health - mental, physical, or emotional. Recall the intervention is synonymous with treatment.

If the words in the source documents did not clearly note a predominant emphasis in drug enactments and organizations, then Tables 18-33 counted two emphases in one drug enactment or organization. None of the drug enactments and organizations had three emphases. In any case, federal government expenditures as the source documents cite determine federal government emphasis on economics, enforcement, or prevention and intervention.

Table 34 aggregates the data in Tables 18-33 into one group, drug enactments and organizations, by decade. The aggregation is according to whether the federal government emphasized economics, enforcement, or prevention and intervention.

Basing the tabulations in Tables 18-34 on the words in source documents is a crude measure of what the federal government emphasized in drug enactments and organizations. The measure is crude because words vary by authors' perspectives and overriding concerns. However crude the measure is, it provides a reasonable indication of the prevailing approach that the federal government historically has taken to curtail involvement with illegal drugs. Understanding that approach is crucial to understanding the implication that the approach has for public school drug prevention programs.

DATA ANALYSIS

The history of federal government attempts to demolish the illegal drug market in the U.S. has not achieved the federal government's goal. This section examines the history of drug control enactments and organizations, identifies the federal government's overriding emphasis in the drug control enactments and organizations, and scrutinizes elements in the emphasis that apply to the potential that public school drug prevention programs have for success.

Table 7 traces the history of enactments and organizations from 1850 to 1989; 14 decades. Tables 8-15 extract 89 drug enactments and organizations from Table 7. Of the 89, 3% - the Anti-Drug Abuse Act/Drug-Free America Act of 1986, which contains the Drug-Free Schools and Communities Act of 1986, and the Drug-Free Schools and Communities Act Amendment of 1989 in Table 8, and the 1989 *Strategy* in Table 14 - encompass schools in their scope and originated during the last decade.

Of the 89 drug enactments and organizations in Table 16, 32 (36%) are drug acts that originated between 1850 and 1989. Whereas the U.S. Congress passed 56% of the 32 drug acts during the 119 years between 1850 and 1969, it passed 44% of the 32 drug acts during the comparatively few years between 1970 and 1989. This is evidence of how rapidly the federal government increased its pace in anti-drug activity over the last two decades. In addition, Table 16 shows that drug strategies proliferated in the last two decades as the federal government tried to become more coordinated and far-reaching in its approach to smoldering illegal drugs in the U.S. Of the 89 drug enactments and organization in Table 16, 11 (12%) represent drug strategies that the federal government introduced or modified.

Table 16 also demonstrates that drug laws and offices are the next two most popular of the drug enactments and organizations. Drug laws represent 9% and drug offices represent another 9% of the 89 drug enactments and organizations that the federal government initiated between 1850 and 1989.

At the other end of the spectrum, throughout the 140 year history that Table 16 synthesizes, one drug division originated during the 1920's decade, one drug institute originated during the

1970's decade, and one drug system originated during the 1980's decade. Each of these comprise a meager 1% of the 89 drug enactments and organizations that the federal government established between 1850 and 1989.

Tabulating aggregate drug enactments and organizations by decade in Table 17 provides another perspective of the crescendo of anti-drug activity. Table 17 shows that between 1850 and 1989, 89 drug enactments and organizations emerged within the U.S.: 40% during the 119 years between 1850 and 1969, and 60% just during the 19 years between 1970 and 1989.

Tables 18-33 depict Tables 7-15 from the perspective of what the federal government emphasized in drug control enactments and organizations. Tables 18, 21, and 30 indicate that the federal government emphasized enforcement considerably more than economics, prevention and intervention in the 32 drug acts, five drug bureaus, and 11 drug strategies.

Tables 19 and 24 assert that the federal government emphasized enforcement on par with prevention and intervention in the two drug administrations and three drug conferences. In contrast, Tables 20, 25, 28, 31, 32, and 33 demonstrate that the federal government emphasized just enforcement in the three drug boards, three drug conventions, eight drug laws, one drug system, two drug task forces, and three drug treaties.

Table 22 shows that the federal government emphasized enforcement slightly more than prevention and intervention in the two drug commissions. Table 23, however, indicates that the federal government emphasized enforcement three times as much as prevention and intervention in the four drug committees.

Table 27 presents a federal government emphasis on just prevention and intervention in the one drug institute. Prevention and intervention also prevailed, although marginally, over enforcement in federal government emphasis in the eight drug offices in Table 29. The federal government ignored enforcement, and prevention and intervention to emphasize economics in the one drug division in Table 26.

Table 34, which aggregates Tables 18-33, shows that since 1850, the federal government overwhelmingly emphasized drug enforcement over drug prevention and intervention in drug

enactments and organizations. During the 60 years between 1850 and 1909, the federal solely emphasized enforcement. During the 80 years between 1910 and 1989, the federal government emphasized economics to a small degree. The federal government began to emphasize prevention and intervention for the first time in 1929, but in a prison setting. The federal government began giving prevention and intervention more hard-hitting emphasis in the 1960's and through the 1980's. Although prevention and intervention still have not achieved parity with enforcement in federal government emphasis, which federal government expenditures attest to, prevention and intervention have rivaled enforcement in rhetoric over the last two decades.

CONCLUSION

The primary thrust of this research project was to explore the history of federal government drug control enactments and organizations. The purpose of this exploration was to assess how the federal government's past drug control record shapes the future of public school drug prevention programs.

According to the federal government, people who are involved with illicit drugs wreak havoc on society, the economy, and the political structure. To counter such havoc, the federal government historically and predominantly has relied on drug enforcement over prevention and intervention to persuade people in the U.S. to avoid involvement with illicit drugs.

Drug enforcement, prevention, and intervention attempt to change the behavior of the target population. Illicit drug prevalence rates, however, indicate the target population has not changed its behavior in the manner that the federal government has prescribed.

Before this section addresses the implication that the federal government's past drug control record shapes the future of public school drug prevention programs, it revisits key points that the Literature Review raised. Then the section pinpoints the disjunction between what the federal government has been doing through drug control enactments and organizations and the results of such efforts.

Recounting Key Issues

A very potent issue in the Literature Review is that the federal government historically has failed to implement drug policy in a manner that improves social welfare (Mazmanian & Sabatier, 1983, preface; Jenkins-Smith, 1990, pp 1, 11-12). Another very potent issue in the Literature Review is related to target group behavior. That issue is social construction, or stereotypes of the target group (Schneider & Ingram, 1993). Drug policies employ two social constructions that apply to students. One negative social construction is that students who are involved with illegal drugs are deviants (pp. 336-338). Because drug policy views students who are involved with

illegal drugs as deviants, the government sets the cost of using illegal drugs higher than the benefits of not being involved with illegal drugs.

Drug policy also employs a positive social construction of students. That social construction is that students who use drugs are dependents (pp. 336-338). With either a dependent or deviant social construction, students have weak political power. In other words, students have little control over the benefits they might reap or the costs they might bear from drug control enactments and organizations that direct their lives.

The federal government's emphasis on drug enforcement and its related cost of not complying with drug policy sends the signal that policy makers expect drug enforcement to be more influential with student behavior than drug prevention. In other words, policy makers expect students to violate drug policy and depend on government regulation of their behavior. This is an expectation that is in contrast to expecting students to self-regulate their behavior out of respect for the impediments to health that using drugs can create.

The Disjunction Between Federal Government Efforts And Results

The federal government generally has emphasized drug enforcement over drug prevention and intervention in drug enactments and organizations. Before the DFSCA of 1986 and the*Strategy*, the federal government made crime the core of its justification for drug control. Only with the DFSCA of 1986 and *Strategy* has the federal government included students, particularly their health, in government justifications for drug control. This inclusion is in rhetoric only, however. Federal government expenditures for drug enforcement have been substantially above expenditures for drug prevention and intervention since 1976. The assumption is that the federal government gives its highest priority the most money.

In whose best interest is drug enforcement; people who are involved with illicit drugs, society, or the federal government? Whereas the federal government seldom has blatantly emphasized economics -revenue - in drug enactments and organizations throughout the 140-year history, economics feasibly could be the undercurrent of the federal government emphasis on

enforcement since 1984. During that year, the federal government strengthened drug enforcement through forfeiture laws and by substantially increasing the funding authorization for drug enforcement by an unprecedented amount. Forfeiture laws permit the federal government to seize and keep the assets of people who are involved with illicit drugs. The more assets that the federal government seizes, the more revenue it has to fund its operations. If the federal government eliminates illegal drugs from the U.S., it will have fewer assets to seize to perpetuate drug enforcement. The federal government has a conflict of interest.

Emphasizing drug enforcement over drug prevention and intervention serves the best interest of the federal government. But emphasizing drug enforcement over drug prevention and intervention has not helped the federal government fulfill its stated objectives of reducing illicit drug prevalence rates. Nor has emphasizing drug enforcement over drug prevention and intervention been in the best interest of people who are involved with illegal drugs or society. The federal government's history of emphasizing drug enforcement over drug prevention and intervention, but failing to curtail illegal drugs has implications for public school drug prevention programs.

The Implications That History Has For School Drug Prevention Programs

Whereas school drug enforcement entails punitive consequences after students become involved with illegal drugs, school drug prevention and intervention programs are devoid of punitive consequences. Rather, school drug prevention and intervention programs nurture the physical, mental, and emotional health of students before and after students become involved with illegal drugs.

In the strictest sense, school drug enforcement, prevention, and intervention programs drain rather than replenish federal government revenue. As long as revenue is the dominant motive behind drug control enactments and organizations, particularly those that encompass public schools, drug prevention and intervention will remain in the shadow of drug enforcement. Moreover, the illicit drug prevalence rates among students and the general population in the U.S.

will continue to be resistant to the emphasis that the federal government gives to drug enforcement.

Something much more compelling than drug enforcement in public schools and society is needed to inspire students and others to opt to become drug-free. Perhaps illegal drugs would lose their attraction if the federal government shifted its emphasis to a genuine concern for the reasons people become involved with illegal drugs, and heroically attempted to improve the physical, mental, and emotional health of American citizens. Were the illicit drug prevalence rates between 1973 and 1976 lower than they are now? That was a period when federal government expenditures for drug prevention exceeded expenditures for drug enforcement.

TABLES

Table 1
Federal Government Drug-Related Terminology

Terminology	Definition/Objective
Illicit drug use	Using prescription-type psychotherapeutic drugs for non medical purposes, or the use of illegal drugs (p. 20).
Psychological dependence	Feeling that drugs are needed to achieve a feeling of well-being (p. 21).
Physical dependence	A growing tolerance of a drug's effects so that increased amounts of a drug are needed to obtain a desired effect. Also, experiencing withdrawal symptoms over periods of prolonged abstinence (p. 21).
Drug addiction	Compulsively using drugs to the point of physical, psychological, or social harm to the user, and continually using drugs despite that harm (p. 21).

Note. From *Drugs, Crime, and the Justice System* (pp. 20-21), A National Report from the Bureau of Justice Statistics, 1992, Washington, DC: U.S. Department of Justice.

Table 2
Federal Government Drug-Related Terminology: Policies, Strategies, And Tactics

Terminology	Definition
Policies:	
Prohibition	Banning the distribution, possession, and use of specified substances made illegal by legislative or administrative order and the application of criminal penalties to violators.
Regulation	Controlling the distribution, possession, and use of specified substances. Regulations specify the circumstances under which substances can be legally distributed and used. Prescription medications and alcohol are the substances most commonly regulated in the U.S.
Strategies:	
Demand reduction	An attempt to decrease individuals' tendency to use drugs. Efforts provide information and education to potential and casual users about the risks and adverse consequences of drug use, and treatment to drug users who have developed problems from using drugs. The objective is to change behavior so that the consumption of drugs decline.
Supply reduction	Focuses diplomatic, law enforcement, military, and other resources on eliminating or reducing the supply of drugs in the U.S. and in foreign countries. Involves destroying domestic crops (eradication), terminating distribution within the U.S., disrupting smuggling routes into the U.S., and seizing drugs at the U.S. border (interdiction). The objective is to make drugs more expensive and difficult for the user to obtain.
User accountability	Emphasizes that all users of illegal substances, regardless of the type of drug they use or the frequency of that use, are violating criminal laws and should be subject to criminal, civil, and social sanctions. It is closely associated with zero tolerance.
Zero tolerance	Holds that drug distributors, buyers, and users should be held fully accountable for their offenses under the law. This is an alternative to policies that focus only on some violators such as sellers of drugs or users of cocaine and heroin while ignoring other violators.

table continues

Terminology	Definition
Tactics:	
Criminal justice	Enforcement, prosecution, and sentencing activities to apprehend, convict, and punish drug offenders. Although thought of primarily as having supply reduction goals, criminal sanctions also have demand reduction effects by discouraging drug use.
Prevention	Educational efforts to inform potential drug users about the health, legal, and other risks associated with drug use. The goal is to limit the number of new drug users and dissuade casual users from continuing drug use as part of demand reduction strategy. A decline in demand affects supply.
Taxation	Requires those who produce, distribute, or possess drugs to pay a fee based on the volume or value of the drugs. Failure to pay subjects violators to penalties for this violation, not for the drug activities.
Testing	A drug control tool to detect the presence of drugs in individuals. Used for safety and monitoring purposes and as an adjunct to therapeutic interventions. In widespread use for employees in the transportation industry and criminal justice agencies. New arrestees and convicted offenders may be tested. Individuals in treatment are often tested to monitor their progress and provide them an incentive to remain drug free.
Treatment	Therapeutic interventions that focus on individuals whose drug use has caused medical, psychological, economic, and social problems for them. The interventions may include medication, counseling, and other support services delivered in an inpatient setting or on an outpatient basis. These are demand reduction activities to eliminate or reduce individuals' drug use.

Note. From *Drugs, Crime, and the Justice System* (pp. 74-75), A National Report from the Bureau of Justice Statistics, 1992, Washington, DC: U.S. Department of Justice.

Table 3
Effects Of Drugs

Drug	Short-term Effects: Desired	Short-term Effects: Other	Duration of Acute Effects	Drug Enforcement Agency View of Risk of Dependence
Heroin	euphoria pain reduction	respiratory depression nausea drowsiness	3 to 6 hours	physical-high psychological-high
Cocaine	excitement euphoria increased alertness/wakefulness	increased blood pressure increased respiratory rate nausea cold sweats twitching headache	1 to 2 hours	physical-possible psychological-high
Crack cocaine	same as cocaine more rapid high than cocaine	same as cocaine	about 5 minutes	same as cocaine
Marijuana	euphoria relaxation	accelerated heartbeat impairment of perception, judgment, fine motor skills, and memory	2 to 4 hours	physical-unknown psychological-moderate

table continues

Drug	Short-term Effects: Desired	Short-term Effects: Other	Duration of Acute Effects	Drug Enforcement Agency View of Risk of Dependence
Amphetamines	euphoria excitement increased alertness/wakefulness	increased blood pressure increased pulse rate insomnia loss of appetite	2 to 4 hours	physical-possible psychological-high
LSD	illusions and hallucinations excitement euphoria	poor perception of time and distance acute anxiety, restlessness, sleeplessness sometimes depression	8 to 12 hours	physical-none psychological-unknown

Note. From *Drugs, Crime, and the Justice System* (p. 20), A National Report from the Bureau of Justice Statistics, 1992, Washington, DC: U.S. Department of Justice.

Table 4
Summary Of Illicit Drug Prevalence Surveys

Survey	Summary Of Purpose
NHSDA	Provide current information on trends and patterns in illegal drug use in the nation.
HSSS	Provide current information on trends and patterns in illegal drug use among high school seniors; Identify groups that are most likely to use certain types of illegal drugs; Understand why trends and patterns of illegal drug use change; and Determine the relationship between lifestyle, values, and social environment.
DUF	Determine types of illegal drugs people who have been arrested for violating drug laws use in particular areas; Determine the extent to which people use illegal drugs; and Discern changes in patterns of illegal drug use over time.

Note. From *Drug Use Measurement* (pp. 8-12), 1993, Washington, DC: U.S. Government Accounting Office. NHSDA refers to the *National Household Survey on Drug Abuse*. NSSS refers to the High School Senior Survey. DUF refers to the Drug Use Forecasting study.

Table 5
Goals And Achievements Of The 1992 National Drug Control Strategy

Goals	Achieved	
	Yes	No
Reduce current overall drug use by 15%.		X
Reduce current adolescent drug use by 15%.	X	
Reduce occasional cocaine use by 15%.	X	
Reduce the rate of increase of frequent cocaine use by 60%.	X	
Reduce current adolescent cocaine use by 30%.	X	
Reduce the number of high school seniors who report that they do not disapprove of illegal drug use by 20%.	X	

Note. From the *National Drug Control Strategy* (pp. 15-22), 1992, Washington, DC: U.S. Government Printing Office.

Table 6
Trends In The Percentage Of The U.S. Population Reporting Any Illicit Drug Use In The Past Year

	Year		
Age Category	1988[a]	1990[b]	1992[c]
12-17 Years			
Population	3,095	2,177	2,426
Percentage	16.8	15.9	11.7
18-25 Years			
Population	1,505	2,052	7,395
Percentage	32.0	28.7	26.4
26-34 Years			
Population	1,987	2,355	6,991
Percentage	22.6	21.9	18.3
35 Years or More			
Population	2,227	2,675	6,050
Percentage	5.8	6.0	5.1

Note. [a]From *National Household Survey on Drug Abuse: Main Findings 1988* (pp. 24, 25, 27), by National Institute on Drug Abuse, 1990, Rockville, MD. [b]From *National Household Survey on Drug Abuse: Main Findings 1990* (pp. 24, 25, 27), by National Institute on Drug Abuse, 1991, Rockville, MD. [c]From *National Household Survey on Drug Abuse: Population Estimates 1992* (p. 19), by Substance Abuse and Mental Health Services Administration, Washington, D.C.

Table 7
History Of Drug Control In The United States

Year	Event
1620	The first European settlers in North America brought alcohol with them. Alcohol was frequently consumed by children as well as adults to counter illness and as an integral part of social, political, and religious events. Colonial laws condoned this consumption except for when it resulted in drunkedness (Grauer, 1988, p. 28)
1806	Morphine was discovered
1851	Maine passed the first law prohibiting manufacturing or selling alcohol in 1851 (Grauer, 1988, p. 30). Such laws proliferated throughout the U.S. until 1919 when the 18th Amendment to the Constitution was ratified (Grauer, 1988, p. 31)
1861-1865	Civil War. Morphine addiction was known as the "army disease" (Grauer, 1988, p. 45) or "the soldier's disease"
1868	Pharmacy Act required people who distributed drugs to register with the federal government
1875-90	The first official anti-drug law was a municipal ordinance in San Francisco that prohibited opium dens which primarily were associated with Chinese immigration. Other Western states passed similar laws
1876	The Posse Comitatus Act prohibited the military from being involved in law enforcement, but was amended in 1982
1880	Cocaine was used to cure opiate addiction and treat asthma and toothaches
1880-1920	America's first cocaine epidemic
1887-1890	Importing opium and cultivating, manufacturing, and trading in it domestically by Chinese nationals is limited/prohibited for the first time at the federal level

table continues

Year	Event
1898	Heroine was discovered as a derivative of morphine and was not known to be addictive, was used as a substitute for morphine which was known to be addictive, and was used as a remedy for some illnesses (Grauer, 1988, p. 49)
	World War I. Drug use considered to be unpatriotic
1906	Pure Food and Drug Act required labels on over-the-counter medicines to include certain drugs. Use of these drugs was not restricted
1909	Opium Exclusion Act
1909	The U.S. sponsored the Shanghai Opium Convention, the first international drug conference. Held in China, the U.S. wanted to encourage other nations to establish laws to control narcotics and to reduce international drug traffic. The U.S. nor other nations established such laws, which were intended to disrupt the opium trade between Great Britain and China
1910	Migrant workers from Mexico introduced marijuana in the U.S. (Grauer, 1988, p. 52)
1911	The International Conference on Opium at The Hague in the Netherlands was the second international drug conference. It did not result in the U.S. passing the Foster Anti-narcotic Bill
1913	U.S. Senate ratified the 1911 International Conference on Opium at The Hague, which committed the U.S. to enact laws to control the abuse of opium, morphine, and cocaine
1914	The Harrison Act, designed to aid the U.S. Treasury in collecting revenue, passed and shaped federal domestic drug policy. The Act required people who prescribe or distribute certain drugs to register and buy tax stamps. Possession of narcotics by an unregistered person is unlawful unless prescribed by a physician in good faith. The Act regulated rather than prohibited the use of morphine and cocaine (Marshall, 1988, p. 28), and it excluded Heroine and marijuana because these latter two drugs were not deemed addictive (Grauer, 1988, p. 49)

table continues

Year	Event
1914	The national focus shifted to prohibiting alcohol
1919	The 18th Amendment to the Constitution was ratified to prohibit manufacturing, transporting, and selling alcohol, but not possessing or drinking it (Grauer, 1988, pp. 31-32)
1919	Contrary to physicians supporting treating opiate addicts with other drugs, the ruling in Webb v. U.S. prohibited prescriptions for addicts which ran contrary to the U.S. v. Doremus and overturned a portion of the Harrison Act of 1914
1919-25	Municipal clinics provided temporary maintenance for addicts until the Narcotics Division closed them
1920-1933	Alcohol prohibition. Corruption, general indifference, crime, and a profitable black market thrived (Grauer, 1988, Author's Preface and p. 32). Alcohol and drugs were viewed as threats to national security because of the popularity of nationalism, nativism, and the fear of anarchy and communism
1920	The Volsted Act prohibited alcohol nationally
1921	The Narcotics Division was established within the Prohibition Unit of the Treasury Department
1922	The Narcotic Drugs Import and Export Act (Jones-Miller) restricted opium imports and exports to nations that had ratified The Hague Convention. The Act gave the Treasury Department more responsibilities in controlling drugs
1922	The Federal Narcotics Control Board (FNCB) was created under the Narcotic Drugs Import and Export Act. The FNCB was composed of the Secretaries of State, Treasury, and Commerce
1929	Stock market crash (Grauer, 1988, p. 34)
	Great Depression

table continues

Year	Event
1929	Porter Narcotic Farm Act authorized the Public Health Service to open two federal hospitals to provide medical and psychiatric treatment to incarcerated addicts. One hospital was opened in Lexington, Kentucky in 1935 and the other one in Fort Worth, Texas in 1938. The two hospitals were perceived to be modified prisons
1930s	Events in Europe shifted the concern from drugs
1930	The Federal Bureau of Narcotics (FBN) was created within the Treasury Department under a Commissioner of Narcotics. Separated enforcement of alcohol laws from enforcement of other drug laws. Enforcement structure endured for 35 years
1932	The Uniform State Narcotics Act was approved by the FBN as an alternative to federal laws. By 1937 every state prohibited marijuana use
1933	Franklin D. Roosevelt succeeded in having the 21st Amendment to the Constitution ratified to repeal the 18th Amendment which prohibited alcohol (Grauer, 1988, p. 32). Alcohol prohibition was lifted for economic reasons related to the stock market crash in October 1929 and the subsequent Great Depression; jobs could be created and the federal government could collect tax revenue
1937	Marijuana Tax Act prohibited selling, bartering, or providing marijuana without a permit and payment of taxes (Grauer, 1988, p. 52). Marijuana use was associated with violent behavior in Mexico and in areas of the U.S. (Grauer, 1988, p. 52)
1941-45	World War II. Drug trafficking was eliminated
1942	Opium Poppy Control Act
1945	The FBN believed it contained the use of drugs after World War II by controlling imports, distribution, and drug dealers. The public did not view drugs to be a problem to society

table continues

Year	Event
1948	United Nations treaty was signed to control synthetic drugs like methadone and barbiturates. Methadone was created during World War II as a substitute for morphine (Grauer, 1988, p. 57)
1950s	Drug use considered to be unpatriotic
1951	Boggs Act increased the criminal penalties for violations of the import/export and internal revenue laws related to narcotics and marijuana. The Act included mandatory minimum prison sentences and increased the penalties for violations
1956	The Narcotics Control Act (Boggs-Daniels) increased the penalties for drug violations and defined the sole role of the federal government as suppressing illegal drug traffic
1960s	Timothy Leary, psychology professor at Harvard, encouraged students to use LSD and other drugs (Marshall, 1988, p. 33)
1961	The Single Convention on Narcotic Drugs, adopted by the United Nations, established regulatory schedules for psychotropic substances and quotas limiting production and export of licit pharmaceuticals. The Single Convention replaced the Hague treaty of 1912 and subsequent international agreements on drugs (Grauer, 1988, p. 57)
1962	White House Conference on Narcotics and Drug Abuse recommended dismantling the Federal Bureau of Narcotic (FBN) and its emphasis on enforcement, and focusing on treatment (clinical approach) and preventing dangerous drugs from being diverted from legal channels

table continues

Year	Event
1963	The President's Advisory Commission on Narcotics and Drug Abuse (Prettyman Commission) echoed the recommendation of the White House Conference in 1962. The Commission determined that the two federal hospitals opened in Lexington, Kentucky in 1935 and in Fort Worth, Texas in 1938 to treat prisoners needing medical and psychiatric treatment were not achieving objectives. The Commission recommended that federal control over non-narcotic drugs be strengthened; the responsibilities of enforcement and investigating be transferred from the Treasury Department to the Department of Justice; and the responsibilities of regulating the legitimate drug market be transferred from the Treasury Department to the Department of Health, Education, and Welfare (HEW)
1963	Community Mental Health Centers Act authorized the federal government to provide federal funds for local treatment of addiction as a mental illness through private enterprise
1964	Psychedelics (LSD) appear
1964	Marijuana use increases significantly
1964	Shift in amphetamine and barbiturate use from home to street
1964	Drs. Vincent Dole and Marie Nyswander began a pilot program for methadone maintenance to treat opiate (Heroine) addicts
1965	Drug Abuse Control Act Amendments controlled and penalized the manufacture and distribution of amphetamines and barbiturates under federal control; established the Bureau of Drug Abuse Control within the Department of Health, Education, and Welfare (HEW) to enforce the provisions of the Amendment; permitted the HEW Secretary to add substances to the controlled list; emphasized regulation over taxation in interstate commerce
1966	Timothy Leary (refer to 1960s) experienced psychedelic hallucinations during an appearance before 1,500 students (Marshall, 1988, p. 33)

table continues

Year	Event
1966	Bureau of Drug Abuse Control (BDAC) was established within HEW Food and Drug Administration to enforce federal laws against dangerous drugs
1966	Narcotic Addict Rehabilitation Act initiated a federal compulsory treatment program and established federal financial support for community-based treatment programs. The Act is a fundamental reorientation to the addict
1967-68	President's Commission on Law Enforcement and the Administration of Justice (Katzenbach Commission) supported an increase in spending to regulate supply
1968	Amendments to the Community Mental Health Centers Act to provide grants for specialized local treatment of addicts
1968	Drug Abuse Control Act permitted treatment for narcotics addiction to be financed by federal grants
1968	Federal Bureau of Narcotics (FBN) was transferred to the Justice Department and merged with the Bureau of Drug Abuse Control (BDAC) in HEW to form the Bureau of Narcotics and Dangerous Drugs (BNDD)
1968	Vietnam War produces drug testing and dependence among some returning veterans
1969	Richard Nixon became president during the Vietnam War and declared a "War on Drugs" which officially began with a presidential message and government reorganization in June 1971 (Marshall, 1988, p. 33)
Late 1960s	Sentiment against treatment clinics wavered, but public agitation with crime in general and drug abuse intensified. More attention given to the smuggling of drugs into the U.S. due to increase in reported use of cocaine, Heroine, and marijuana
Late 1960s, Early 1970s	Arrests for marijuana possession soared, particularly of middle-class youth. Arrests and more scientific debate over the dangers of marijuana generated pressure to reduce the penalties for possessing small amounts of marijuana

table continues

Year	Event
Early 1970s	Deaths from Heroine overdose increased rapidly in the early 1970s before leveling off at the end of the decade (Marshall, 1988, p. 32)
1970s	Federal drug control expanded to adolescent drug prevention
1970s	Congress included "narcotic addiction" in the definition of mental illness which permitted the federal government to support local drug dependence treatment
1970s	Federal laws attempted to reduce supply
1970s	Federal drug law enforcement and treatment agencies were substantially balanced
1970s	Foreign relations addressed controlling global production and trafficking of drugs
1970	Racketeer-Influenced and Corrupt Organizations (RICO) law focused on the leaders of illegal drug enterprises and expanded sanctions to include forfeiting profits
1970	Continuing Criminal Enterprise (CCE) law had objectives similar to RICO
1970	Comprehensive Drug Abuse Prevention and Control Act composed of the Controlled Substances Act, Controlled Substances Import and Export Act, and Drug Abuse Education Act. Combined, these Acts increased emphasis on regulating rather than taxing commerce; and illicit drug use changed from a violation of tax revenue laws to a federal crime. Act created schedules for drugs, modified penalties for violations, reduced federal penalties for possessing small amounts of marijuana, strengthened regulation of the pharmaceutical industry, and served as a model for state legislation and has generally been adopted

table continues

Year	Event
1973	Federal drug control strategy for drug abuse and drug traffic prevention. Balanced efforts at reducing demand, supply, and the consequences of illegal use. The federal government used investigative grand juries, involved attorneys early, expedited trials, restricted bail for pretrial and parole release, engaged the judiciary in a uniform sentencing philosophy (*Drugs, Crime, and the Justice System*, 1992, p. 88), and improved data on arrests, convictions, prison terms, and rates of recidivism. Federal expenditures for prevention and treatment exceeded those for trafficking control (enforcement). Heroine was the primary drug that the strategy targeted
1973	The Administration perceived that federal law enforcement was still hampered by "interagency rivalries and jurisdictional overlaps and disputes" (*Drugs, Crime, and the Justice System*, 1992, p. 82)
1973	Drug Enforcement Administration (DEA) was created in the Department of Justice (DOJ) by combining the Bureau of Narcotics and Dangerous Drugs (BNDD), the Office for Drug Abuse Law Enforcement (ODALE), the Office of National Narcotics Intelligence (ONNI), and Customs Service personnel. Centralized intelligence and investigative activities
1973	Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) created in HEW to manage relevant national institutes, including NIDA
1974	Federal drug control strategy for drug abuse and drug traffic prevention. The federal government continued to balance its efforts in reducing illegal drug demand and supply in 1974. Most of the federal government devoted its attention to major traffickers, smuggling (particularly at the Mexican border), local and regional distribution networks, clandestine laboratories, and people who diverted legal drugs to suit illegal purposes. The federal government stressed the responsibility enforcement agencies had for treatment, and again incurred expenditures for prevention and treatment that exceeded expenditures for enforcement. Heroine was the primary drug that the strategy targeted (*Drugs, Crime, and the Justice System*, 1992)
1974	Narcotic Addict Treatment Act controlled dispensing of methadone
1974	Alcohol and Drug Abuse Education Act amendments focused on prevention and early intervention

table continues

Year	Event
1971	115 nations signed the Convention on Psychotropic Substances to control domestic and international production, manufacture, supply, and distribution of new synthetic drugs, such as hallucinogens, stimulants, sedatives, and tranquilizers (Grauer, 1988, pp. 57-58). These controls are similar to those established during the Single Convention on Narcotic Drugs in 1961 (Grauer, 1988, pp. 57-58)
1971	Presidential Cabinet Committee for International Narcotics Control established to "check the illegal flow of narcotics to the U.S." (*Drugs, Crime, and the Justice System,* 1992, p. 82)
1971	Foreign Assistance Act, like the policies of the Presidential Cabinet Committee for International Narcotic Control (CCINC), authorized assistance to countries to control drug production and traffic. The Act and Committee advocated stopping military and economic aid to countries, like Mexico and Turkey, that failed to control production and traffic of controlled substances
1972	Drug Abuse Office and Treatment Act created the Special Action Office for Drug Abuse Prevention (SAODAP) and the National Institute on Drug Abuse (NIDA) in HEW. The SAODAP was formed to manage, coordinate and evaluate all federal drug abuse treatment and rehabilitation. The SAODAP coordinates federal programs for treatment, prevention, and research in ways to reduce demand. The SAODAP requested states to fund services to individuals, educational classes for students, and prevention and treatment programs. The Act significantly increased federally funded drug treatment programs which were similar to the addict treatment centers that were abolished between 1919 and 1925 (Marshall, 1988, p. 34). The Act established the Drug Abuse Policy Office (DAPO) in the White House, created the expectation that drug abuse could be eradicated quickly, and increased the power of the police to control drugs (Marshall, 1988, p. 34)
1972	Office for Drug Abuse Law Enforcement (ODALE) established in the Department of Justice (DOJ)
1972	Office of National Narcotics Intelligence (ONNI) established in the Department of Justice (DOJ)
1973	In September, President Nixon ended his war on drugs (Marshall, 1988, p. 35)

table continues

Year	Event
1975	SAODAP abolished under sunset provision
1975	Domestic Council Task Force produced a White Paper that presented the federal drug control strategy for drug abuse and drug traffic prevention. The strategy continued to balance attempts to reduce illegal demand and supply. The strategy targeted sophisticated illegal drug operations by establishing minimum-mandatory sentences and consecutive sentences, and investigating profits from illegal drug operations. Heroine was the primary drug that the strategy targeted (*Drugs, Crime, and the Justice System,* 1992)
1976	Federal government developed a lead agency concept that held several federal government departments accountable for implementing the *Drug Abuse Prevention Strategy*. The Department of Justice was responsible for enforcement, the Department of State was responsible for international drug control, and the Department of Health, Education, and Welfare was responsible for prevention, treatment, and rehabilitation (*Drugs, Crime, and the Justice System,* 1992) Federal drug control strategy continued to use the approach that the federal government launched in 1975 to curtail sophisticated illegal drug operations in 1976. The latter year was the first time since 1973 that the federal government expenditures for law enforcement exceeded expenditures for prevention. This trend prevailed through the 1992 *National Drug Control Strategy* - the last *Strategy* of the last Republican Administration. Heroine was the primary drug that the strategy targeted (*Drugs, Crime, and the Justice System,* 1992)
1976	Cabinet Committee on Drug Law Enforcement (CCDLE) and Cabinet Committee on Abuse, Prevention, Treatment and Rehabilitation (CCDAPTR) created to focus on federal strategy and coordination. Modeled after the CCINC in 1971
1976	Office of Drug Abuse Policy (ODAP) created to assume the responsibilities of SAODAP
1977	Reorganization Plan Number 1 abolished ODAP and transferred functions to the Domestic Policy Staff in the Executive Office of the President (EOP)
1978	Federal drug control strategy continued on the path that the strategy in 1976 charted. Federal government expenditures for law enforcement exceeded those for prevention. Heroine was the primary drug that the strategy targeted (*Drugs, Crime, and the Justice System,* 1992)

table continues

Year	Event
1978	National Narcotics Intelligence Consumers Committee (NNICC) created to coordinate foreign and domestic intelligence
1979	Comprehensive Drug Abuse Prevention and Control Act Amendments
1979	Federal drug control strategy expected local communities to become more responsible for preventing involvement with illegal drugs. These responsibilities included providing local resources, responding to regional needs, and adopting prevention programs that would reduce illegal drug use. Heroine was the primary drug that the strategy targeted (*Drugs, Crime, and the Justice System,* 1992)
1980s	Priority was on reducing supply and then on reducing demand. Asset seizures increased, the military was used to interdict drugs, mandatory testing of the urine of certain employees began, more emphasis was given to preventing drug use and on user accountability, and people were encouraged to be less tolerant of drug use
1981	Plane crash on aircraft carrier USS Nimitz led to military drug testing
1982	Department of Defense Authorization Act permits military to operate civilian equipment
1982	Posse Comitatus Act Amendment permitted the military to assist state and local law enforcement officials in training, intelligence gathering, and investigation of drug law violations. Civilian agencies could use military equipment to enforce drug laws
1982	Federal Bureau of Investigation (FBI) given concurrent jurisdiction with DEA over drug laws
1982	South Florida Task Force created to coordinate federal anti-drug efforts in region
1982	In October, the White House released a "Federal Strategy for Prevention of Drug Abuse and Drug Trafficking" (Source 1, p. 38). The strategy launched an attempt to eliminate drug dealers in a manner that was more forceful and federally coordinated than in the past, but without an increase in funding or "dramatic" changes in drug laws (Marshall, 1988, p. 38)

table continues

Year	Event
1982	Executive Order assigned functions of the Executive Office of the President (EOP) to the Office of Drug Abuse Policy (DAPO)
1982	Federal drug control strategy for drug abuse and drug traffic prevention contained a letter from the President. The strategy used five programs to forestall illegal involvement with drugs: (a) international cooperation, (b) drug law enforcement, (c) education and prevention, (d) detoxification and treatment, and (e) research. The federal government continued in the restricted role that it devised for itself; it provided leadership, encouragement, and support, but allowed local government to retain substantial responsibility for fulfilling strategy ideals. Federal drug control strategy supported a "flexible framework" responsive to "local priorities based on the nature of drug problems and drug trafficking threats which exist in a particular geographic area" (*Drugs, Crime, and the Justice System,* 1992). Heroine was the primary drug that the strategy targeted (*Drugs, Crime, and the Justice System,* 1992)
1983	Organized Crime Drug Enforcement Task Forces (OCDETF) created regional law enforcement task forces
1983	National Narcotics Border Interdiction System (NNIBS) created to informally coordinate interdiction efforts
1984	White House Office of Drug Abuse Policy developed a "national" strategy that used the five programs that were essential to the 1982 strategy. The 1984 strategy contained a letter from the President and attacked the financial aspects of illegal drug trafficking; strengthened criminal, forfeiture, currency, tax and criminal conspiracy laws; and emphasized international agreements against tax evasion and money laundering. The strategy included $1.2 billion for enforcement in fiscal year 1985; an unprecedented amount. Law enforcement's role in challenging involvement with illegal drugs expanded. Law enforcement encouraged citizen participation; provided technical assistance, information, and publications; and recruited professional athletes to appeal to the public to abstain from using illegal drugs. By comparison, the 1984 strategy also included $252.9 million for prevention, treatment, and rehabilitation (demand reduction). Heroine and cocaine were the primary drugs that the strategy targeted (*Drugs, Crime, and the Justice System,* 1992)

table continues

Year	Event
1984	Comprehensive Crime Control Act expanded criminal and civil asset forfeiture laws; amended the Bail Reform Act to include pretrial detention of defendants accused of serious drug offenses; established a determinate sentencing system; increased federal criminal penalties for drug offenses; and created the National Drug Enforcement Policy Board. The Board is composed of the Attorney General as the chair, and representatives from the Departments of the Treasury and Defense. The Board coordinated drug policy and addressed international and criminal justice issues
1985	National Drug Enforcement Policy Board devoted resources to reducing illegal drug supply
1985	Crack appears in American cities
1985	AIDS first described in medical literature
1986	On June 19, Len Bias, an African American basketball star, scholarship student and campus leader at the University of Maryland, died of an overdose of cocaine (Marshall, 1988, p. 37). On June 27, professional football player Don Rogers died of an overdose of cocaine (Marshall, 1988, p. 37). These two deaths demonstrated the lethal implications of crack/cocaine and considerably contributed to President Ronald Reagan and Congress declaring a second war on drugs (Marshall, 1988, p. 37)

table continues

Year	Event
1986	As a debut to the second war on drugs, the Anti-Drug Abuse Act passed on October 17. The Act is known as the Drug-Free America Act and is a Drug Omnibus Bill because of its breadth. It incorporates Title I, Drug-Free Federal Workplace Act of 1986; Title II, Drug-Free Schools Act of 1986; Title III, Substance Abuse Services Amendments of 1986; Title IV, Drug Interdiction and International Cooperation Act of 1986 and various subtitles (A-E); Title V, Anti-Drug Enforcement Act of 1986 and various subtitles (A-L); and Title VI, Public Awareness and Private Sector Initiatives Act of 1986 (*Drug-Free America Act of 1986*, 1986, Message from the President of the United States) Anti-Drug Abuse Act of 1986 contains enforcement provisions and research provisions; established the White House Conference for a Drug-Free America; created the Office for Substance Abuse Prevention (OSAP) which targeted community prevention; authorized an increase in alcohol and drug prevention, treatment and rehabilitation grants from federal drug control funds to states; created a drug law enforcement grant program to assist state and local efforts; restored mandatory prison sentences for large-scale distribution of marijuana; imposed new sanctions on money laundering; added controlled substances' analogs (designer drugs) to the drug schedule; and strengthened international drug control efforts. The Act permits foreign assistance to be withheld from countries that do not cooperate with the U.S. in reducing drug-related activities
1987	National Drug Policy Board evolved from the National Drug Enforcement Policy Board and was established to oversee all federal efforts to control drug supply and demand. The Board has the Attorney General as its chair and the Secretary of Health and Human Services (HHS) as its vice chair. The Board issued a report based on the activities of lead agencies in intelligence, international narcotics control, interdiction, investigation, prosecution, prevention/education, high-risk youth, mainstream adults, and treatment and rehabilitation. Board produced a *National and International Drug Law Enforcement Strategy* in January. That strategy attacked the distribution chain from the field and laboratory to the consumer in confining its scope to supply reduction. The strategy contained five major supply reduction components: (a) gathering intelligence, (b) controlling international drug transactions, (c) interdicting and controlling drugs at the border, (d) investigating and prosecuting, and (e) diverting and regulating drugs. All of this was in response to the increase in cocaine and crack consumption that the strategy cited (*Drugs, Crime, and the Justice System*, 1992)

table continues

Year	Event
1988	National Drug Policy Board and the White House Conference for a Drug-Free America produced its final report, *Toward a Drug-Free America*. The report, accepted as a strategy, describes drug programs that pertain to the workplace, schools, treatment, international cooperation, enforcement, public awareness, and prevention. Because the strategy did not provide guidance to state and local agencies, the National Association of Attorneys General and the National District Attorneys Association published a guide for developing state and law enforcement strategies to comply with the Anti-Drug Abuse Act of 1986 (*Drugs, Crime, and the Justice System,* 1992)
1988	Anti-Drug Abuse Act of 1988 Act created the Office of National Drug Control Policy (ONDCP) in the Executive Office of the President to replace the National Drug Policy Board and the Office of Drug Abuse Policy. The Director of ONDCP, called the drug "czar", coordinates drug control policy and drug supply and demand. The Act requires the ONDCP to publish annually a national strategy based on quantifiable goals; advise the National Security Council on drug control policy; recommend management, personnel, and reorganization changes needed to implement the strategies; and consult with state and local governments. The Act created the Bureau of State and Local Affairs in the ONDCP to acknowledge the multi-levels of government organizations that are involved in resolving the drug problem and the need for a national strategy
1988	The Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was adopted by 43 signatory members of the United Nations. The Convention encouraged countries to share evidence with law enforcement agencies of the signatory nations; seize assets connected with drugs; prohibit money laundering and relax bank secrecy rules; extradite and prosecute violators of drug laws; control shipment of precursor and essential chemicals; reaffirm their commitment to eradicating and reducing drug crops
1988	The Chiles Amendment expanded the 1986 Anti-Drug Abuse Act to require other countries to sign a treaty with the U.S. to control drug-related activities
1988	The Kerry Amendment, directed towards foreign policy, added to the provisions in the 1988 Anti-Drug Abuse Act. The Amendment requires banks in other countries to record all U.S. dollar transactions to curtail money laundering and drug transactions

table continues

Year	Event
1989	Office of National Drug Control Policy (ONDCP) published the first *National Drug Control Strategy*. The Strategy is the first comprehensive plan for the federal government to control drugs. The *Strategy* established objectives for two and 10 years. Nine indicators measure progress toward these objectives: (a) current overall illegal drug use; (b) current adolescent drug use; (c) occasional cocaine use; (d) frequent cocaine use; (e) current adolescent cocaine use; (f) drug-related medical emergencies; (g) illegal drug availability; (h) domestic marijuana production; and (i) student attitudes toward drugs (*Drugs, Crime, and the Justice System*, 1992). The *Strategy* advocated evaluating treatment programs to match the type of treatment with the type of drug. In the *Strategy*, the federal government still believed in controlling illegal drugs primarily by incarcerating people who use them: "So, clearly, effective local drug enforcement very much depends on the creation of more prison space" (Statement by William J. Bennett, Director, ONDCP, *National Drug Control Strategy*, 1989 (September), p. 26). Prevention, in theory, complemented the *Strategy's* emphasis on enforcement (p. 47)
1989	Congress enacted a law that designated the Department of Defense as the lead agency for detecting and monitoring aerial and maritime transit of illegal drugs. The military, however, was not permitted to make arrests or conduct searches of civilians
1989	Office of Treatment Improvements (OTI) created in HHS to examine treatment

Note. Unless otherwise cited, from *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice. From Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers. From Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers. From the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office.

Table 8
Drug Acts (N=32) And Laws (N=8)

Decade	Drug Act	Drug Law
1850-1859		Alcohol prohibition law passed in Maine[b]
1860-1869	Pharmacy Act[b]	
1870-1879	Posse Comitatus Act[b]	Drug prohibition law passed in San Francisco[b]
1880-1889		Federal prohibition of Chinese involvement in opium trade[b]
1900-1909	Pure Food and Drug Act[b]	
	Opium Exclusion Act[b]	
1910-1919	The Harrison Act[a]	18th Amendment to U.S. Constitution (quasi alcohol prohibition)[b]
1920-1929	Volsted Act (alcohol prohibition nationally)[b]	
	Narcotic Drugs Import and Export Act[b]	
	Porter Narcotic Farm Act[bc]	

table continues

Decade	Drug Act	Drug Law
1930-1939	Uniform State Narcotic Act[b]	21st Amendment repealed 18th Amendment to the U.S. Constitution (lifted alcohol prohibition)[b]
	Marijuana Tax Act[a]	
1940-1949	Opium Poppy Control Act[b]	
1950-1959	Boggs Act[ab]	
	Narcotics Control Act[b]	
1960-1969	Community Mental Health Centers Act[c]	
	Community Mental Health Centers Act Amendments[c]	
	Narcotic Addict Rehabilitation Act[c]	
	Drug Abuse Control Act[b]	
	Drug Abuse Control Act Amendments[b]	

table continues

Decade	Drug Act	Drug Law
1970-1979	Foreign Assistance Act[ab]	Racketeer-Influenced and Corrupt Organizations (RICO) Law[b]
	Drug Abuse Office and Treatment Act[c]	Continuing Criminal Enterprise (CCE) Law[b]
	Narcotic Addict Treatment Act[c]	
	Alcohol and Drug Abuse Education Act[c]	
	Comprehensive Drug Abuse Prevention and Control Act composed of: Controlled Substances Act; Controlled Substances Import and Export Act; and Drug Abuse Education Act[ab]	
	Comprehensive Drug Abuse and Control Act Amendments[ab]	

table continues

Decade	Drug Act	Drug Law
1980-1989	Department of Defense Authorization Act[b]	Congress enacted a law giving the Department of Defense more power[b]
	The Posse Comitatus Act Amendment[b]	
	Comprehensive Crime Control Act (amendment to the Bail Reform Act)[b]	
	Anti-Drug Abuse Act/Drug-Free America Act of 1986 composed of: Title I, Drug-Free Federal Workplace Act of 1986; Title II, Drug-Free Schools Act of 1986; Title III, Substance Abuse Services Amendments of 1986; Title IV, Drug Interdiction and International Cooperation Act of 1986 and subtitles A-E; Title V, Anti-Drug Enforcement Act of 1986 and subtitles A-L; and Title VI, Public Awareness and Private Sector Initiatives Act of 1986[bc]	

table continues

Decade	Drug Act	Drug Law
1980-1989 continued	Chiles Amendment to the Anti-Drug Abuse Act of 1986[b]	
	Kerry Amendment to the Anti-Drug Abuse Act of 1988[b]	
	Anti-Drug Abuse Act of 1988[c]	
	Drug-Free Schools and Community Act Amendments of 1989[c]	

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment).

Table 9
Drug Administrations (N=2)

Decade	Drug Administration
1970-1979	Drug Enforcement Administration in the Department of Justice (combined the Bureau of Narcotics & Dangerous Drugs (BNDD), the Office for Drug Abuse Law Enforcement (ODALE), Office of National Narcotics Intelligence (ONNI), and Customs Service Personnel[b]
	Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) in the Department of Health, Education, and Welfare[c]

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment).

Table 10
Drug Boards (N= 3) And Bureaus (N= 5)

Decade	Drug Board	Drug Bureau
1920-1929	Federal Narcotics Control Board[b]	
1930-1939		Federal Bureau of Narcotics (FBN) in the Treasury Department[b]
1960-1969		Bureau of Drug Abuse Control (BDAC) in the Department of Health, Education and Welfare[c]
		Bureau of Narcotics and Dangerous Drugs (BNDD) in the Department of Justice composed of Federal Bureau of Narcotics and the Bureau of Drug Abuse Control[b]
1980-1989	National Drug Enforcement Policy Board[b]	Federal Bureau of Investigation (FBI) given concurrent jurisdiction with the Drug Enforcement Agency (DEA) over drug laws[b]
	National Drug Policy Board evolved from the National Drug Enforcement Policy Board[b]	Bureau of State and Local Affairs[b]

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment).

Table 11
Drug Commissions (N=2) And Committees (N=4)

Decade	Drug Commission	Drug Committee
1960-1969	President's Advisory Commission on Narcotics and Drug Abuse (Prettyman Commission)[bc]	
	President's Commissions on Law Enforcement and the Administration of Justice[b]	
1970-1979		Presidential Cabinet Committee for International Narcotics Control[b]
		Presidential Cabinet Committee on Drug Law Enforcement (CCDLE)[b]
		Presidential Cabinet Committee on Abuse, Prevention, Treatment and Rehabilitation (CCDAPTR)[c]
		National Narcotics Intelligence Consumers Committee (NNICC)[b]

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment).

Table 12
Drug Conferences (N=3) And Conventions (N=3)

Decade	Drug Conference	Drug Convention
1900-1909		Shanghai Opium Convention in China[b]
1910-1919	International Conference on Opium at The Hague in the Netherlands[b]	
1960-1969	White House Conference on Narcotics and Drug Abuse[c]	
1970-1979		Convention on Psychotropic Substances[b]
1980-1989	White House Conference for a Drug-Free America[bc]	Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances[b]

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment).

Table 13
Drug Divisions (N=1), Institutes (N=1), And Offices (N=8)

Decade	Drug Division	Drug Institute	Drug Office
1920-1929	Narcotics Division in the Treasury Department[ab]		
1970-1979		National Institute on Drug Abuse (NIDA) in the Department of Health, Education and Welfare[c]	Special Action Office for Drug Abuse Prevention (SAODAP) in the Department of Health, Education and Welfare[c]
			Drug Abuse Policy Office[bc]
			Office for Drug Abuse Law Enforcement (ODALE) in the Department of Justice[b]
			Office of National Narcotics Intelligence (ONNI) in the Department of Justice[b]
			Office of Drug Abuse Policy[c]

table continues

Decade	Drug Division	Drug Institute	Drug Office
1980-1989			Office of Treatment Improvements (OTI) in the Department of Health and Human Services[cd] Office for Substance Abuse Prevention (OSAP)[c] Office of National Drug Control Policy (ONDCP) replaced the National Drug Policy Board and the Office of Drug Abuse Policy (ODAP)[bc]

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment). [d]The Department of Health, Education and Welfare was renamed to the Department of Health and Human Services.

Table 14
Drug Strategies (N=10) And Systems (N=1)

Decade	Drug Strategy	Drug System
1970-1979	1973 Federal drug control strategy for drug abuse and drug traffic prevention[c]	
	1974 Federal drug control strategy for drug abuse and drug traffic prevention[c]	
	1975 Domestic Council Task Force White Paper[c]	
	1976 *Drug Abuse Prevention Strategy*[b]	
	1978 *Drug Abuse Prevention Strategy*[b]	
	1979 Federal drug control strategy[b]	

table continues

Decade	Drug Strategy	Drug System
1980-1989	1982 Federal drug control strategy for drug abuse and drug prevention[b]	National Narcotics Border Interdiction System[b]
	1984 Federal drug control strategy for drug abuse and drug prevention[b]	
	1987 *National and International Drug Law Enforcement Strategy*[b]	
	1988 *Toward a Drug-Free America*[b]	
	1989 *National Drug Control Strategy*[b]	

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Grauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment).

Table 15
Drug Task Forces (N=2) And Treaties (N=3)

Decade	Drug Task Force	Drug Treaty
1900-1909		The Hague Treaty[b]
1940-1949		United Nations Treaty to control methadone and barbiturates[b]
1960-1969		The Single Convention on Narcotic Drugs replaced The Hague Treaty[b]
1980-1989	South Florida Task Force[b]	
	Organized Crime Drug Enforcement Task Forces (OCDETF)[b]	

Note. From: *Drugs, Crime and the Justice System* (pp. 78-87), 1992, Washington, DC: U.S. Department of Justice; Legalization: A Debate in *The Encyclopedia of Psychoactive Drugs, Series 2* by E. Marshall, 1988, New York, NY: Chelsea House Publishers; Drugs & the Law in *The Encyclopedia of Psychoactive Drugs, Series 2* by N. A. Crauer, 1988, New York, NY: Chelsea House Publishers; and the *Drug-Free America Act of 1986* (Message from the President of the United States), 1986, Washington, DC: U.S. Government Printing Office. [a]Emphasis on economics. [b]Emphasis on enforcement, regulation, and punitive consequences. [c]Emphasis on prevention and intervention (treatment).

Table 16
Aggregate Drug Enactments And Organizations (N=89) By Decade And Type

Decade	Acts	Administrations	Boards	Bureaus	Commissions	Committees
1850-1859	0	0	0	0	0	0
1860-1869	1	0	0	0	0	0
1870-1879	1	0	0	0	0	0
1880-1889	0	0	0	0	0	0
1890-1899	0	0	0	0	0	0
1900-1909	2	0	0	0	0	0
1910-1919	1	0	0	0	0	0
1920-1929	3	0	1	0	0	0
1930-1939	2	0	0	1	0	0
1940-1949	1	0	0	0	0	0
1950-1959	2	0	0	0	0	0
1960-1969	5	0	0	2	2	0
1970-1979	6	2	0	0	0	4
1980-1989	8	0	2	2	0	0
Number	32	2	3	5	2	4
Percentage	36	3	3	6	3	4

table continues

Decade	Conferences	Conventions	Divisions	Institutes	Laws	Offices
1850-1859	0	0	0	0	1	0
1860-1869	0	0	0	0	0	0
1870-1879	0	0	0	0	1	0
1880-1889	0	0	0	0	1	0
1890-1899	0	0	0	0	0	0
1900-1909	0	1	0	0	0	0
1910-1919	1	0	0	0	1	0
1920-1929	0	0	1	0	0	0
1930-1939	0	0	0	0	1	0
1940-1949	0	0	0	0	0	0
1950-1959	0	0	0	0	0	0
1960-1969	1	0	0	0	0	0
1970-1979	0	1	0	1	2	5
1980-1989	1	1	0	0	1	3
Number	3	3	1	1	8	8
Percentage	3	3	1	1	9	9

table continues

Decade	Strategies	Systems	Task Forces	Treaties
1850-1859	0	0	0	0
1860-1869	0	0	0	0
1870-1879	0	0	0	0
1880-1889	0	0	0	0
1890-1899	0	0	0	0
1900-1909	0	0	0	1
1910-1919	0	0	0	0
1920-1929	0	0	0	0
1930-1939	0	0	0	0
1940-1949	0	0	0	1
1950-1959	0	0	0	0
1960-1969	0	0	0	1
1970-1979	6	0	0	0
1980-1989	5	1	2	0
Number	11	1	2	3
Percentage	12	1	3	3

Note. Tabulated from Tables 8-15.

Table 17
Aggregate Drug Enactments And Organizations (N=89) By Decade

Decade	Enactments and Organizations (Number)
1850-1859	1
1860-1869	1
1870-1879	2
1880-1889	1
1890-1899	0
1900-1909	4
1910-1919	3
1920-1929	5
1930-1939	4
1940-1949	2
1950-1959	2
1960-1969	11
1970-1979	27
1980-1989	26

Note. Tabulated from Table 16.

Table 18
Drug Acts (N=32) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	1	0
1870-1879	0	1	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	2	0
1910-1919	1	0	0
1920-1929	0	3	1
1930-1939	1	1	0
1940-1949	0	1	0
1950-1959	1	2	0
1960-1969	0	2	3
1970-1979	3	3	3
1980-1989	0	6	3
	6	22	10

Note. Tabulated from Table 8. Some drug enactments and organizations have more than one emphasis.

Table 19
Drug Administrations (N=2) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	1	1
1980-1989	0	0	0
	0	1	1

Note. Tabulated from Table 9. Some drug enactments and organizations have more than one emphasis.

Table 20
Drug Boards (N=3) By Decade And Emphasis

Decade	Emphasis		
	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	1	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	0	0
1980-1989	0	2	0
	0	3	0

Note. Tabulated from Table 10. Some drug enactments and organizations have more than one emphasis.

Table 21
Drug Bureaus (N=5) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	1	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	1	1
1970-1979	0	0	0
1980-1989	0	2	0
	0	4	1

Note. Tabulated from Table 10. Some drug enactments and organizations have more than one emphasis.

Table 22
Drug Commissions (N=2) By Decade And Emphasis

Decade	Emphasis		
	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	2	1
1970-1979	0	0	0
1980-1989	0	0	0
	0	2	1

Note. Tabulated from Table 11. Some drug enactments and organizations have more than one emphasis.

Table 23
Drug Committees (N=4) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	3	1
1980-1989	0	0	0
	0	3	1

Note. Tabulated from Table 11. Some drug enactments and organizations have more than one emphasis.

Table 24
Drug Conferences (N=3) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	1	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	1
1970-1979	0	0	0
1980-1989	0	1	1
	0	2	2

Note. Tabulated from Table 12. Some drug enactments and organizations have more than one emphasis.

Table 25
Drug Conventions (N=3) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	1	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	1	0
1980-1989	0	1	0
	0	3	0

Note. Tabulated from Table 12. Some drug enactments and organizations have more than one emphasis.

Table 26
Drug Divisions (N=1) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	1	1	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	0	0
1980-1989	0	0	0
	1	0	0

Note. Tabulated from Table 13. Some drug enactments and organizations have more than one emphasis.

Table 27
Drug Institutes (N=1) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	0	1
1980-1989	0	0	0
	0	0	1

Note. Tabulated from Table 13. Some drug enactments and organizations have more than one emphasis.

Table 28
Drug Laws (N=8) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	1	0
1860-1869	0	0	0
1870-1879	0	1	0
1880-1889	0	1	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	1	0
1920-1929	0	0	0
1930-1939	0	1	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	2	0
1980-1989	0	1	0
	0	8	0

Note. Tabulated from Table 8. Some drug enactments and organizations have more than one emphasis.

Table 29
Drug Offices (N=8) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	3	3
1980-1989	0	1	3
	0	4	6

Note. Tabulated from Table 13. Some drug enactments and organizations have more than one emphasis.

Table 30
Drug Strategies (N=10) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	3	3
1980-1989	0	5	0
	0	8	3

Note. Tabulated from Table 14. Some drug enactments and organizations have more than one emphasis.

Table 31
Drug Systems (N=1) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	0	0
1980-1989	0	1	0
	0	1	0

Note. Tabulated from Table 14. Some drug enactments and organizations have more than one emphasis.

Table 32
Drug Task Forces (N=2) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	0	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	0	0
1950-1959	0	0	0
1960-1969	0	0	0
1970-1979	0	0	0
1980-1989	0	2	0
	0	2	0

Note. Tabulated from Table 15. Some drug enactments and organizations have more than one emphasis.

Table 33
Drug Treaties (N=3) By Decade And Emphasis

	Emphasis		
Decade	Economic	Enforcement	Prevention and Intervention
1850-1859	0	0	0
1860-1869	0	0	0
1870-1879	0	0	0
1880-1889	0	0	0
1890-1899	0	0	0
1900-1909	0	1	0
1910-1919	0	0	0
1920-1929	0	0	0
1930-1939	0	0	0
1940-1949	0	1	0
1950-1959	0	0	0
1960-1969	0	1	0
1970-1979	0	0	0
1980-1989	0	0	0
	0	3	0

Note. Tabulated from Table 15. Some drug enactments and organizations have more than one emphasis.

Table 34
Aggregate Emphasis In Drug Enactments And Organizations (N=89) on Economics, Enforcement, And Prevention And Intervention By Decade

Decade	Number Of Times Emphasized		
	Economics	Enforcement	Prevention and Intervention
1850-1859	0	1	0
1860-1869	0	1	0
1870-1879	0	2	0
1880-1889	0	1	0
1890-1899	0	0	0
1900-1909	0	4	0
1910-1919	1	2	0
1920-1929	1	5	1
1930-1939	1	3	0
1940-1949	0	2	0
1950-1959	1	2	0
1960-1969	0	6	6
1970-1979	3	16	11
1980-1989	0	22	7
Number	7	67	25
Percentage of 99	7	68	25

Note. Tabulated from Tables 18-33. Some drug enactments and organizations have more than one emphasis.

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